RI SOS Filing Number: 201439872390 Date: 05/23/2014 7:28 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000030320

2. Name of Corporation WILLOW DELL BEACH CLUB, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 533
City or Town: WAKEFIELD State: RI Zip: 02880 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

BEACH CLUB

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ERIC EISENDRATH	550 CARDS POND RD WAKEFIELD, RI 02879 USA
VICE PRESIDENT	KARIN CONOPASK	50 FRIEL WAY HOPE VALLEY, RI 02832 USA
SECRETARY	JODY BRIGGS	726 TUCKERTOWN RD

0-3061-0

		WAKEFIELD, RI 02879 USA
TREASURER	JOSEPH ORLANDO	2221 COMM PERRY HWY WAKEFIELD, RI 02879 USA
DIRECTOR	ANNE ONEILL	2137 COMM PERRY HWY WAKEFIELD, RI 02879 USA
DIRECTOR	JOHN HOWLAND	200 PROVIDENCE ST WEST WARWICK, RI 02903 USA
DIRECTOR	FRAN FITZPATRICK	150 NORTH WEEDEN RD WAKEFIELD, RI 02879 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LISA M. GATES 100 POND STREET WAKEFIELD , RI 02879

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 23 Day of May, 2014 at 7:30:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LISA GATES
Signature of Authorized Person

Form No. 631
Revised 09/07