



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 27402		2. Exact name of the Corporation Kendbrin Swim and Tennis Club			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Swim & tennis club			
5. Principal office address 25 Hospital Road		City Riverside	State RI	Zip 02915	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Brian J. Durkin		Vice-President Name Jerry Coyne			
Street Address 8 Bayberry Lane		Street Address 8 Newbrook Drive			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Louann Diehl		Treasurer Name John Alessandro			
Street Address 11 Driscoll Lane		Street Address 15 Meadowbrook Drive			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Brian J. Durkin		Director Name Jerry Coyne			
Street Address 8 Bayberry Lane		Street Address 8 Newbrook Drive			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Louann Diehl		Director Name John Alessandro			
Street Address 11 Driscoll Lane		Street Address 15 Meadowbrook Drive			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

JUL 30 2014

Signature of Officer or Authorized Representative

Date

BY

Brian J. Durkin

Print or Type Name of Officer or Authorized Representative

Corp. ID Number: 27402

KENDBRIN SWIM AND TENNIS CLUB
Attachment for 2014 Annual Report

Additional Directors:

Address:

Bill DeWitt

4 Old Forge Road, Barrington, RI 02806

Sharon D'Antuano

275 Lynn Lane, Burrillville, RI 02839

Jill Sabatine

54 University Avenue, Providence, RI 02906

Peter Erickson

44 Woodland Road, Barrington, RI 02806

Jeff Bennett

36 Prospect Street, Barrington, RI 02806

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JUL 30 2014

BY #27402