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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 2015

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.	2. Exact name of the Corporation
52 180	Surfside "8" Square Dance Club
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Social Club for Square & Round Dancing

5. Principal office address	City	State	Zip
22 Trolley Lane	Westerly	RI	02891

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Timothy E. Grilley	James A. Samuel, Jr.
Street Address: 222 West Road	Street Address: 22 Trolley Lane
City: Salem, State: CT, Zip: 06420	City: Westerly, State: RI, Zip: 02891
Secretary Name: Sue Reeves	Treasurer Name: Jonathan Gibson
Street Address: 9 Mystic Hill Rd	Street Address: 3 Greenhaven Rd.
City: Mystic, State: CT, Zip: 06355	City: Pawcatuck, State: CT, Zip: 06379

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Lynne A. Jason	Mike Gardella
Street Address: 183 Dennison Hill Rd	Street Address: 25 Hubbard Street
City: No. Stonington, State: CT, Zip: 06359	City: Westerly, State: RI, Zip: 02891
Director Name: Ron Reeves	Director Name: Raymond Hughes
Street Address: 9 Mystic Hill Rd	Street Address: 8 Meadow Wood Drive
City: Mystic, State: CT, Zip: 06355	City: N. Stonington, State: RI, Zip: 06359

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
JUN 19 2015
BY 3195

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.

James A. Samuel, Jr. 6/17/2015
Signature of Officer or Authorized Representative — Date

JAMES A. SAMUEL JR
Print or Type Name of Officer or Authorized Representative

VICE PRESIDENT

Form No. 631
Revised: 04/2014
122181-17-1044429