



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: 2015

1. Corporate ID No. 000028798

2. Name of Corporation PYRAMID CLUB

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 32-34 DR. MARCUS WHEATLAND BLVD.

City or Town: NEWPORT

State: RI Zip: 02840 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

THE SALE OF ALCOHOLIC BEVERAGES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	HILDREW LEE SMITH	1629 WEST MAIN RD MIDDLETOWN, RI 02842 US
TREASURER	THOMAS MATTHEWS	19 WOLCOTT AVE MIDDLETOWN, RI 02842 US
VICE PRESIDENT	VICTOR RAMSEY	2 SHANGRI-LA LANE

		MIDDLETOWN, RI 02842 US
DIRECTOR	ALBERT ANTONE	3 ADMIRALITY DRIVE WEST MIDDLETOWN, RI 02842 USA
DIRECTOR	TEON CROMWELL	22ROSATERRACE NEWPORT, RI 02840 US
DIRECTOR	WILLIE JONES	121B LEXINGTON ST. MIDDLETOWN, RI 02842 US

**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**

LEON S. JACKSON 32-34 DR. MARCUS WHEATLAND BOULEVARD NEWPORT , RI 02840

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

Signed this 30 Day of June, 2015 at 1:50:58 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 THOMAS MATTHEWS
Signature of Authorized Person

Form No. 631
Revised 09/07

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