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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
20672	POND VIEW RACQUET CLUB, INC.

3. Principal office address	City	State	Zip
252 SHORE ROAD, PO BOX 201	WESTERLY	RI	02891

4. Business Phone No.	5. State of Incorporation
401-322-1100	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
MAINTENANCE AND OPERATION OF TENNIS CLUB

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

President Name	Street Address	City	State	Zip
JANE A. SHANLEY	252 SHORE ROAD, PO BOX 201	WESTERLY	RI	02891

Vice-President Name	Street Address	City	State	Zip
SAGE A. SHANLEY	252 SHORE ROAD, PO BOX 201	WESTERLY	RI	02891

Secretary Name	Street Address	City	State	Zip
SAGE A. SHANLEY	252 SHORE ROAD, PO BOX 201	WESTERLY	RI	02891

Treasurer Name	Street Address	City	State	Zip
JANE A. SHANLEY	252 SHORE ROAD, PO BOX 201	WESTERLY	RI	02891

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
JANE A. SHANLEY	252 SHORE ROAD, PO BOX 201	WESTERLY	RI	02891

Director Name	Street Address	City	State	Zip
SAGE A. SHANLEY	252 SHORE ROAD, PO BOX 201	WESTERLY	RI	02891

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.	1,000.00	CNP	$0.000

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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

Form No. 630
Revised: 01/2012

FILED
OCT 09 2015
BY 3709

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.

✓ _____ ✓10/6/15
Signature of Authorized Representative — Date

SAGE A. SHANLEY
Print or Type Name of Authorized Representative