



**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:** 2016

**1. Corporate ID No.** 000028827

**2. Name of Corporation** Quonochontaug Tennis Club

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 155  
City or Town: CHARLESTOWN State: RI Zip: 02813 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**

PROVIDE TENNIS FACILITIES FOR ITS MEMBERS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	SUSAN BARBER	139 SEABREEZE AVE CHARLESTOWN, RI 02813 USA
TREASURER	JAMES BUCCHERI	37 S BOROUGH RD SOUTHINGTON, CT 06489 USA
DIRECTOR	KELLY CUSSON	579 E BEACH RD

		CARLESTOWN, RI 02813 USA
DIRECTOR	CAROL CAVANAGH	59 SUNSET DR CHARLESTOWN, RI 02813 USA
DIRECTOR	CEIL DEMAIO MS	48 BELCREST RD W HARTFORD , CT 06107 USA
DIRECTOR	JULIE LOW	535 HILL FARM RD FAIRFIELD, CT 06824 USA
DIRECTOR	TRACEY MARON	15 HIGHLAND RD CHARLESTOWN, RI 02813 USA
DIRECTOR	SEAN REYNOLDS	414 NORTH ST HARRISON, NY 10528 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**

JAMES BUCCHINI 80 NORTH AVENUE CHARLESTOWN , RI 02813

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

**Signed this 15 Day of May, 2016 at 9:12:59 AM 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 JAMES BUCCHERI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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