



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 29585		2. Exact name of the Corporation CLUB JOGUES			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Club is for Pleasure and Recreation for it's Members			
5. Principal office address 184 Boston St		City Coventry	State RI	Zip 02816	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David Lamoureux		Vice-President Name David Charpentier			
Street Address 38 Gerard Ave		Street Address 54 Maude Ave.			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Roger Hodde		Treasurer Name Vincent Snurkowski			
Street Address 47 Potter Ave		Street Address 147 Windsor Park Dr.			
City W. Warwick	State RI	Zip 02893	City Coventry	State RI	Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Richard Hague		Director Name Joseph Langlais			
Street Address 43 Crest Valley Crest Rd.		Street Address 41 Brook Dale Dr.			
City Coventry	State RI	Zip 02816	City W. Warwick	State RI	Zip 02893
Director Name Robert Hodde		Director Name Timothy Daley			
Street Address 31 Colorado St.		Street Address 48 Cedar St.			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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, Receiver or Trustee

FILED

File Date _____

JUN 06 2016

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer _____ Date 5/31/16

Print or Type Name of Officer Vincent Snurkowski

Title of Officer Treasurer