



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
52180		Sunside "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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Timothy E. Grilley			JAMES A. SAMUEL, JR.		
Street Address			Street Address		
222 West Road			22 Trolley Lane		
City	State	Zip	City	State	Zip
Salem	CT	06420	Westerly	RI	02891
Secretary Name			Treasurer Name		
Sue Reeves			Jonathan Gibson		
Street Address			Street Address		
9 Mystic Hill Rd			3 Greenhaven Rd		
City	State	Zip	City	State	Zip
Mystic	CT	06355	PAWCATUCK	CT	06379
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
LANCE A. JASON			MIKE GARDELLA		
Street Address			Street Address		
183 Dennison Hill Rd			25 Hubbard Street		
City	State	Zip	City	State	Zip
NO. STONINGTON	CT	06359	Westerly	RI	02891
Director Name			Director Name		
RON JASON			Raymond Hughes		
Street Address			Street Address		
183 Dennison Hill Rd			8 meadow wood Drive		
City	State	Zip	City	State	Zip
NO. STONINGTON	CT	06359	N. STONINGTON	CT	06359
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative					Date
JAMES A. SAMUEL, JR. Vice President					June 2, 2016
Signature of Officer/Authorized Representative					
<i>James A. Samuel, Jr.</i>					

FILED

JUN 06 2016

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