



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

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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|--|--|---|--------------------|--|--|--|------------------------|---------------------|---------------------|------------------------|--|---------------------|--|
| 1. Entity ID Number 000009784 | | 2. Exact name of the Corporation MELODY HILL COUNTRY CLUB, INC. | | | | | | | | | | | |
| 3. Principal Office Address 55 MELODY HILL LANE | | | | | City HARMONY | | State RI | | Zip 02829 | | | | |
| 4. Business Phone Number 401-949-9851 | | | | | 5. State of Incorporation RHODE ISLAND | | | | | | | | |
| 6. Brief description of the character of business conducted in Rhode Island 18 HOLE PUBLIC GOLF COURSE | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | |
| President Name DIANNE DELFINO | | | | | | Vice-President Name EDWARD DELFINO | | | | | | | |
| Street Address 58 MELODY HILL LANE | | | | | | Street Address 58 MELODY HILL LANE | | | | | | | |
| City HARMONY | | | State RI | | Zip 02829 | | City HARMONY | | | State RI | | Zip 02829 | |
| Secretary Name | | | | | | Treasurer Name | | | | | | | |
| Street Address | | | | | | Street Address | | | | | | | |
| City | | | State | | Zip | | City | | | State | | Zip | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | |
| Director Name | | | | | | Director Name | | | | | | | |
| Street Address | | | | | | Street Address | | | | | | | |
| City | | | State | | Zip | | City | | | State | | Zip | |
| 9. Shares Authorized | | | | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | | | | NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE | | | |
| | | | | | | 600 | | COMMON | | NO PAR | | | |
| | | | | | | | | | | | | | |
| 11. 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. | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| Name of Authorized Representative DIANNE DELFINO, PRESIDENT <i>Dianne B. Delfino</i> | | | | | | | | | | Date 7-13-16 | | | |
| Signature of Authorized Representative SIGN DOCUMENT HERE | | | | | | | | | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUL 13 2016
BY *CU 278894*