



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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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2016 JUL 13 AM 11:22

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

**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