



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

ANNUAL REPORT FOR THE YEAR 2017
Corporation

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

FILED

JAN 23 2017

BY

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1. Corporate ID No. 567570		2. Name of Corporation The 02908 Club Property Management, Inc.			
3. Street Address Principal Business Office 168 Eaton Street		City Providence	State RI	Zip 02908	
4. NAICS Code 51		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island to buy, sell, hold, license, and otherwise deal with intellectual property.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert T. McCann			Vice President Name		
Street Address 168 Eaton Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Robert T. McCann			Treasurer Name Robert T. McCann		
Street Address 168 Eaton Street			Street Address 168 Eaton Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES – THIS SECTION MUST BE COMPLETED		
			Number of Shares Class/Series Par Value		
			100 Shares common stock of \$.01 par value		

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.

Signature

Date

1/12/17

Robert T. McCann

Print or Type Name

President

Title

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

Form 630 – Revised: 10/2016