



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2017**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 10818		2. Exact name of the Corporation Midville Golf Club, Inc			
3. Principal office address 100 Lombardi Lane		City West Warwick	State RI	Zip 02893	
4. Business Phone No. 401-822-9215		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operators of Golf Club and Restaurant.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Richard Lombardi		Vice-President Name Ronald Lombardi			
Street Address 37 Lisa Marie Circle		Street Address 65 Lombardi Lane			
City Warwick	State RI	Zip 02886	City West Warwick	State RI	Zip 02893
Secretary Name Ronald Lombardi		Treasurer Name Richard Lombardi			
Street Address 65 Lombardi Lane		Street Address 37 Lisa Marie Circle			
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Richard Lombardi		Director Name Ronald Lombardi			
Street Address 37 Lisa Marie Circle		Street Address 65 Lombardi Lane			
City Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			150	Common	No Par

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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

MAR 06 2017

BY 11148 DS

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] 3/1/17
Signature of Authorized Representative Date

Ronald Lombardi, Secretary

Print or Type Name of Authorized Representative