RI SOS Filing Number: 201744790440 Date: 6/5/2017 4:00:00 PM



State of Rhode Island and Providence Plantations 3 Office of the Secretary of State

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/7 401.2 Filing Period: June 1 - June 30 • Filing Fee: \$20.00' • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.	1	(-0.2.0,2.70	1 21/ w surjett to u	
1. Expressed 1500 3 0 2. Name of Corporation SUNM/SI DR RR	C. CLUB			
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address ILON (6. CLIEVELAND)	7.	PORTH PROV	Zip 02904	
5. Foreign corporation, Enter principal office address	City	State	2ip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island  SCAIL CLUB				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JOHN M. ERICE	Vice President Name	ERICE	MEN 13	
21 COLLING-brow PRIVE	Street Address & SAN	o pono	RO	
WARNICK STATE 210 02886	WALICK'	State PI	<sup>z19</sup> 07886	
DEJRA ERICE	Treasurer Name HW N	1. ERICK		
Street Address 2 Somo PUND RD	Street Address COLLI	16600	ORIVE	
ENALWICK State RT OJEE 8 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACK	MACU, CM HMENT) TILL IN SPACES BE	State RT FORE USING ATTACHS	2102686 MENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3), R.I.G.L. 7-6-23				
Director Name  DOD REBELLO	Director Name HRIS	DUPU	1.5	
Strey Address ST.	Street Address LOM	a mel	2000	
PAW TUCKET STATE RI 2502861	WA RUCK	State	#02889	
WAYNE ETCHELIS		CRBELL		
Street Address M. LES AVE	Street Address BAR	WEY.	ST.	
PAWTUCKET RIPODE ISLAND 2400861	EAST PROV	NFY State RI	01910	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78				
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee				

	JUN 05 2017	
BY_ <i>C</i>	n 305243	Under penalty of perjury, I declare and affirm that I have examined this report, judyding any accompanying schedules and statements, and that all
File Date	-	statement contained herein are true and correct.
Charl Me		John M. Ele. Ch
By:FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Officer PRISIDE 47
· · · · · · · · · · · · · · · · · · ·		Title of Officer