



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. ID No.** 000520463

**2. Exact Name of the Limited Liability Company** FOUNDER MEMBERSHIPS LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  53

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO OWN AND HOLD MEMBERSHIPS TO THE SHELTER HARBOR GOLF CLUB AND TO CONVEY SUCH MEMBERSHIP(S) TO THOSE PERSON(S) ACCEPTED FOR MEMBERSHIP BY THE SHELTER HARBOR GOLF CLUB AT THE MEMBERSHIP CONTRIBUTION AMOUNT THEN ESTABLISHED BY ITS BOARD OF GOVERNORS AND TO CONDUCT ANY OTHER BUSINESS FOR WHICH A LIMITED LIABILITY COMPANY MAY BE FORMED IN RHODE ISLAND.

**5. Principal Office Address**

No. and Street: C/O KATHRYN M. COOK  
132 TURNPIKE ROAD, #100  
City or Town: SOUTHBOROUGH State: MA Zip: 01772 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:  
No. and Street: 1 GOLF CLUB DRIVE  
City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	FREDERICK C MAYNARD III	1 GOLF CLUB DRIVE CHARLESTOWN, RI 02813 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MATTHEW H. THOMSEN 43 BROAD STREET WESTERLY , RI 02891

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 8 Day of June, 2017 at 11:30:47 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By FREDERICK C MAYNARD III  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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