RI SOS Filing Number: 201745344750 Date: 6/12/2017 4:00:00 PM

(FR)	

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report f	or the year:
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2017

STAMP

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation							
27571	KIRKBRAE COUNTRY CLUB							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RI	golf club and restaurant (service company)							
4. NAICS Code	1							
813990								
6. Principal Office Address			City	State	Zip			
197 Old River Road			Lincoln &	RI	02865			
7. List ALL officers (names and add	7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Robert M. Pielech			Vice-President Name Ted Audet					
Street Address 700 Pleasant Street,	eet Address 00 Pleasant Street, 3rd Floor			Street Address 40 Aspen Lane				
City New Bedford	State MA	Zip 02740	City Greenville	State RI	Zip 02828			
Secretary Name Lou Rotella		<u> </u>	Treasurer Name David A. Fontaine					
Street Address 10 Calderwood Avenue			Street Address 235 Nancy Lane					
City Greenville	State RI	Zip 02828	City Harrisville	State RI	Zip 02830			
8. List ALL directors (names and ac	idresses). RI Corp	oorations MUST li	st at least THREE directors.	eck the box to indicate	an attachment KX			
Director Name Robert M. Pielech			Director Name Ted Audet					
Street Address 700 Pleasant Street,								
City New Bedford	State MA	Zip 02740	City Greenville	State RI	Zip 02828			
Director Name Lou Rotella Director Name David A. Fontaine								
Street Address 10 Calderwood Avenue			Street Address 235 Nancy Lane					
City Greenville	State RI	Zip 02828	City Harrisville	State RI	Zip 02830			
9. Registered Agent in Rhode Island	d. This information i	s currently of record	in the Department of State. Changes rec	quire filing Form 641.				
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.								
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.								
Name of Officer/Authorized Representative			· -	Date				
Robert M. Pielech, President				6/1/2017				
Signature of Officer/Authorized Representative								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov IIIN 19 2017 **5**0

BY_2573_

KIRKBRAE COUNTRY CLUB ID #27571 ADDITIONAL DIRECTORS (2017)

Bryan L. Boulis

37 South Eagle Nest Drive Lincoln, RI 02865

Dennis Carvalho 13 Rosewood Drive Lincoln, RI 02865

Joseph P. Calabro, Jr. One Thurber Boulevard Smithfield, RI 02917

Carl B. Lisa 5 Benefit Street Providence, RI 02904

Edward N. DeCristofaro 4 Eagle Nest Drive Lincoln, RI 02865

Joseph Sisto 185 Channel View Warwick, RI 02889

David R. Doucette 5 Logan Drive Lincoln, RI 02865

Richard C. Tallo 23 Jenna Way Cumberland, RI 02864