



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

Fee: \$20.00

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

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*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.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 001666335

**2. Name of Corporation** SHORE CLUB CONDOMINIUM ASSOCIATION

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity 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   
813990

**4. Corporate Address in Rhode Island**

No. and Street: 23 WESQUAGE DR.  
City or Town: NARRAGANSETT State: RI Zip: 02882 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

THE CORPORATION SHALL PROVIDE FOR THE ADMINISTRATION, OPERATION, MANAGEMENT, MAINTENANCE, PRESERVATION, AND CONTROL OF THE SHORE CLUB CONDOMINIUM ASSOCIATION, IN THE TOWN OF NARRAGANSETT, COUNTY OF WASHINGTON, STATE OF RHODE ISLAND, ESTABLISHED PURSUANT TO THE RHODE ISLAND CONDOMINIUM ACT.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ANTHONY J. FIORE	23 WESQUAGE RD. NARRAGANSETT, RI 02882 USA
TREASURER	ANTHONY J. FIORE	23 WESQUAGE DR. NARRAGANSETT, RI 02882 USA
SECRETARY	NICHOLAS FINAMORE	434 LEISURE DR. WAKEFIELD, RI 02879 USA
VICE PRESIDENT	NICHOLAS FINAMORE	434 LEISURE DR. WAKEFIELD, RI 02879 USA
DIRECTOR	ANTHONY J FIORE	23 WESQUAGE RD. NARRAGANSETT, RI 02882 USA
DIRECTOR	NICHOLAS FINAMORE	434 LEISURE DR. WAKEFIELD, RI 02879 USA
DIRECTOR	LISA FIORE	434 LEISURE DR. WAKEFIELD, RI 02879 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

STEPHEN B. KENYON 133 OLD TOWER HILL ROAD, SUITE 1 WAKEFIELD , RI 02879

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 19 Day of June, 2017 at 11:35:46 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 § 7-6.***

By ANTHONY J. FIORE  
Signature of Authorized Person

Form No. 631  
Revised 09/07