



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

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 27828		2. Exact name of the Corporation LINCOLN COUNTRY CLUB, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island GOLF COURSE AND COUNTRY CLUB			
4. NAICS Code 813920 - Professional Orgar					
6. Principal Office Address 31 DEXTER ROCK ROAD, P.O. BOX 436			City LINCOLN	State Ri	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JIM STEWART			Vice-President Name MICHAEL COTE		
Street Address 4 HILLSIDE ROAD			Street Address 64 DEAN AVENUE		
City LINCOLN	State RI	Zip 02865	City SMITHFIELD	State RI	Zip 02917
Secretary Name MICHAEL SANTOS			Treasurer Name HOLY COURTEMANCHE		
Street Address 129 BARRETT AVENUE			Street Address 220 HIGHLAND CORPORATE DR. APT.1-412		
City NORTH PROVIDENCE	State RI	Zip 02904	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID TICE			Director Name DAVID FANDETTI		
Street Address 12 BEAVER DRIVE			Street Address 44 CONNORS DRIVE		
City LINCOLN	State RI	Zip 02865	City SMITHFIELD	State RI	Zip 02917
Director Name ERNEST DEANGELIS			Director Name MICHAEL COTE		
Street Address 68 ASHBURTON DRIVE			Street Address 64 DEAN AVENUE		
City CRANSTON	State RI	Zip 02921	City SMITHFIELD	State RI	Zip 02917
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative MICHAEL SANTOS				Date 6/27/17	
Signature of Officer/Authorized Representative <i>Michael Santos</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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