s s	tate of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.0	
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615 (401) 222-3040				
HOPE	(401) 222-304	FO		
imited Liability Com	pany			
Annual Report Filing Period: September 1	- November 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc			
6-66(b&c)) is subject to a	penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2017</u>			
1. ID No. <u>000312513</u>	3			
2. Exact Name of the Li	mited Liability Company <u>COUNT</u>	RY CLUB ENTERI	PRISES, LLC	
3. State of Formation				
State: <u>MA</u>				
	ARTICLE III			
<u>441228</u>	e information on <u>NAICS</u> can be found	oninc.		
4. Brief Description of th	e Character of the Business Which	is Actually Conduc	ted in Rhode Island	
<u>THE COMPANY OWN</u> SPECIALIZING	S AND OPERATES A RETAIL A	ND LEASING BU	<u>SINESS</u>	
	AND DISTRIBUTION OF GOLF	CARS AND OTHE	R RELATED	
VEHICLES AND PROD	DUCTS AND ANY BUSINESS RE	LATED THERETO	<u>).</u>	
5. Principal Office Addre	SS			
No. and Street: 2 E	XPRESS DRIVE			
	AREHAM State: MA	<u>A</u> Zip: <u>02571</u>	Country: <u>USA</u>	
C Mailing Address of Liv	mited Liebility Company and Name		Daraan	
o. Maning Address of Li	mited Liability Company and Name	or fille of Contact	Person:	
	L L. SPENCER Contact Title: CFO			
	XPRESS DRIVE REHAM State: MA Zip: 02571 Country: USA			
	Each Manager of the Limited Liab		·	
DO NOT LIST MEMBEI	າວ 			
Title	Individual Name		dress	
	First, Middle, Last, Suffix	Address, City or Town	, State, Zip Code, Country	

MANAGER	ROBERT CROWLEY	339 AUBURN ST,, SUITE 12 NEWTON, MA 02466 USA	
MANAGER	PHILIP J. TRALIES	11 SEAGRASS LANE ISLE OF PALMS, SC 29451 USA	
MANAGER	ERIKA HIGHLAND	1521 WESTBRANCH DR., SUITE 200 MCLEAN, VA 22102 USA	
MANAGER	BEN COES	339 AUBURN ST., SUITE 12 NEWTON, MA 02466 USA	
MANAGER	DAVID S FARINA	2 EXPRESS DRIVE WAREHAM, MA 02571 USA	

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 6 Day of October, 2017 at 11:42:45 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 <u>RUSSELL L. SPENCER</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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