



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

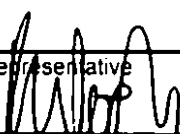
RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: **2017**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2018 JAN 19 AM 9:39

1. Entity ID Number 000000786		2. Exact name of the Corporation THE ALPINE COUNTRY CLUB, INC.			
3. Principal Office Address 251 PIPPIN ORCHARD RD			City CRANSTON	State RI	Zip 02921
4. NAICS Code 713910		6. Brief description of the character of business conducted in Rhode Island COUNTRY CLUB WITH GOLF COURSE, RESTAURANT, AND BANQUET FACILITIES.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ERNEST RICCI			Vice-President Name VINCENT MAGGIACOMO		
Street Address 1 THURBER AVENUE			Street Address 2 WESTLAND COURT		
City SMITHFIELD	State RI	Zip 02917	City CRANSTON	State RI	Zip 02921
Secretary Name ROBERT RAGOSTA			Treasurer Name THOMAS COSGROVE		
Street Address 481 ATWOOD AVENUE			Street Address 45 COLT STREET		
City CRANSTON	State RI	Zip 02920	City SEEKONK	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ALAN SANTAMARIA			Director Name ANTHONY VESSELLA		
Street Address 59 LAUREN COURT			Street Address 201 TWIN BROOK LANE		
City CRANSTON	State RI	Zip 02921	City COVENTRY	State RI	Zip 02904
Director Name HAROLD NELSON			Director Name DAVID VINACCO		
Street Address 85 SHAW DRIVE			Street Address 48 PLYMOUTH RD.		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH PROVIDENCE	State RI	Zip 02904
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		80		B	0000.00
		50		A	0000.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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.</i>					
Name of Authorized Representative RON WOODS				Date 1/17/18	
Signature of Authorized Representative 				Date 9:40 AM	
SIGN DOCUMENT HERE FILED					

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

JAN 19 2018

FORM 630 - Revised: 10/2017

BY 322113 KM

ATTACHMENT: ID# 00786

Section 8:

* Director: Ray Delgreco
10 Parrillo Circle
Johnston, RI 02919

* Director: Joseph Terino
15 Justin Road
EAST Greenwich, RI 02818