RI SOS Filing Number: 201857123610 Date: 1/29/2018 4:00:00 PM



State of Rhade Island and Providence Plantations

Depa	rtment of State - Business Services Division	• • • •
Corporation → Filing Perio → Filing Fee:	d: January 1 - March 1 \$50.00	
→ Penalty: At	2. Name of Corporation The 02908 Club Property Management, Inc.	

1. Carparale ID No. 567570		2. Name of Corporation The 02908 Club Property Management, Inc.						
3. Street Address Principal Business Office 168 Eaton Street			Providence	State RI	^{Z,ρ} 02908			
5. State of Incorporation Rhode Island								
to buy, sell, hold, lie		iducted in Rhode Island rise deal with intellectual pro	operty.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A President Name Robert T. McCann		FICERS: ("X" BOX FOR ATTA	TTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name					
Street Address 168 Eaton Street			Street Address					
on Providence	State R1	^{Z₁ρ} 02908	Chy	State	Zip			
Secretary Name Robert T. McCann			Treasurer Name Robert T. McCann					
Street Address 168 Eaton Street			Street Address 168 Eaton Street					
<i>cuy</i> Providence	State RI	^{Z₁p} 02908	City Providence	Siale RI	2 <i>ip</i> 02908			
			Director Name Street Address State Zip					
	State	Zıp	Street Address	State	Zıp			
Cuy	State	Zıp	Street Address	State	Zıp			
Cuy Director Nome	State	Zıp	Street Address	State	Zıp			
Ony Director Name Sirvet Address	State State	Zıp	Street Address Cuy Director Name	State State	Z _i p			
Cuy Director Name Sircet Address Cuy	State	Ζιρ	City Director Name Street Address City 10. SHARES ISSU ISSUED SHARES - THIS SE	State ED: ("X" BOX FOR ATT CTION MUSI BE COMPLETED	Zip TACHMENT)			
Our Director Name Nirves Address City 9. SHARES AUTHORIZ This information is cur	State ZED: ("X" BOX FO rently of record in	R ATTACHMENT) the Office of the Secretary of	City Director Name Street Address City 10. SHARES ISSU ISSUED SHARES - THIS SE Number of Shares	State ED: ("X" BOX FOR ATT CTION MUSI BE COMPLETED Class Series	Zip [ACHMENT] Par Value			
Director Name Sirvet Address City 9. SHARES AUTHORIZ This information is cur State. Changes require	State ZED: ("X" BOX FO rently of record in	R ATTACHMENT) the Office of the Secretary of	City Director Name Street Address City 10. SHARES ISSU ISSUED SHARES - THIS SE Number of Shares	State ED: ("X" BOX FOR ATT CTION MUSI BE COMPLETED	Zip [ACHMENT] Par Value			
Director Name Sircet Address Cay 9. SHARES AUTHORIZ This information is cur State. Changes require instruction sheet.	State ZED: ("X" BOX FO rently of record in an additional filing	R ATTACHMENT) the Office of the Secretary of	City Director Name Street Address City 10. SHARES ISSU ISSUED SHARES - THIS SE Number of Shares 100 Shares commo	ED: ("X" BOX FOR ATT CTION MUST BE COMPLETED Class Series on stock of \$.01 par val	Zip [ACHMENT] Par Value			
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Director Name Street Address Cay: 9. SHARES AUTHORIZ This information is cur State. Changes require instruction sheet. 11. This report must be rustee, this report must der penalty of perjury. I desired.	State ZED: ("X" BOX FO rently of record in an additional filing executed on behal the executed on be	the Office of the Secretary of g. See Section 9 of	City Director Name Street Address City 10. SHARES ISSU ISSUED SHARES - THIS SE Number of Shares 100 Shares commo	ED: ("X" BOX FOR ATT CTION MUST BE COMPLETED Class Series on stock of \$.01 par val	Zip [Par Value] [ue] The hands of a receiver of			

Inder penalty of perjury. I declare and af,	Jirm that I ha	ave examined this report, including any	accompanying schedules and statem	ents, and that all statements
ontained herein are true and correct.				•

Print or Type Name

FILED

President Title

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 29 2018

Form 630 - Revised: 10/2016