



**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. 000028827

2. Name of Corporation Quonochontaug Tennis Club

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

6

237990

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 155

City or Town: CHARLESTOWN

State: RI

Zip: 02813

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

PROVIDE TENNIS FACILITIES FOR ITS MEMBERS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SUSAN BARBER	139 SEABREEZE AVE CHARLESTOWN, RI 02813 USA
TREASURER	JAMES BUCCHERI	37 S BOROUGH RD SOUTHINGTON, CT 06489 USA
DIRECTOR	KELLY CUSSON	579 E BEACH RD CARLESTOWN, RI 02813 USA
DIRECTOR	CAROL CAVANAGH	59 SUNSET DR CHARLESTOWN, RI 02813 USA
DIRECTOR	JULIE LOW	535 HILL FARM RD FAIRFIELD, CT 06824 USA
DIRECTOR	SEAN REYNOLDS	414 NORTH ST HARRISON, NY 10528 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

JAMES BUCCHINI 80 NORTH AVENUE CHARLESTOWN , RI 02813

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

Signed this 20 Day of April, 2018 at 3:48:32 PM 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 JAMES BUCCHERI
 Signature of Authorized Person

Form No. 631
 Revised 09/07