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

Annual Report for the year: 2018
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	2. Exact name of the Corporation
52180	SURFSIDE "8" SQUARE DANCE CLUB
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	Social Club for Square and Round Dancing
4. NAICS Code	
813410	

6. Principal Office Address	City	State	Zip
22 TROLLEY LANE	Westerly	RI	02891

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
TIMOTHY E. GRILLEY	LYNNE A. JASON
Street Address: 222 WEST ROAD	Street Address: 183 DENNISON HILL RD
City: SALEM State: CT Zip: 06420	City: No. STONINGTON State: CT Zip: 06359
Secretary Name: SUE REEVES	**Treasurer Name:** JONATHAN GIBSON
Street Address: 9 MYSTIC HILL RD	Street Address: 3 GREENHAVEN RD
City: MYSTIC State: CT Zip: 06355	City: PAWCATUCK State: CT Zip: 06379

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
LYNNE A. JASON	JAMES A. SAMUEL, JR.
Street Address: 183 DENNISON HILL RD	Street Address: 22 TROLLEY LANE
City: No. STONINGTON State: CT Zip: 06359	City: WESTERLY State: RI Zip: 02891
Director Name: RON JASON	**Director Name:** EDWARD L. LEZON
Street Address: 183 DENNISON HILL RD	Street Address: 23 PLEASANT VIEW RD
City: No. STONINGTON State: CT Zip: 06359	City: SALEM State: CT Zip: 06420

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.

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

Name of Officer/Authorized Representative	Date
Timothy E. Grilley Pres.	6/1/2018

Signature of Officer/Authorized Representative: Timothy E. Grilley

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

JUN 07 2018
BY 3431 DS

FORM 631 - Revised: 11/2017