



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.

FILED

JUN 11 2018

BY

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1. Entity ID Number 000027901		2. Exact name of the Corporation Glocester Country Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Operation of a non-profit golf, tennis and swim club			
4. NAICS Code 813990 - Other Similar Organizati					
6. Principal Office Address PO Box 547			City Greenville	State RI	Zip 02828
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Lodovico Uriati			Vice-President Name John Silvestri		
Street Address 37 Brown School Road			Street Address 26 Spencer Rd.		
City Gloucester	State R.I.	Zip 02814	City Greenville	State R.I.	Zip 02828
Secretary Name Dennis Rhieu			Treasurer Name Thomas Morra		
Street Address 114 Waterman Lake Drive			Street Address 109 Gentry Way		
City Chepachet	State 02814R.I.	Zip 02814	City N. Scituate	State R.I.	Zip 02857
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name James Hopkins			Director Name Joseph Filocco		
Street Address 1 Cedar Grove Rd.			Street Address 11 Whispering Pine Terrace		
City Greenville	State R.I.	Zip 02828	City Greenville	State R.I.	Zip 02828
Director Name Norman Izzard			Director Name		
Street Address 49 Robin Vale			Street Address		
City N. Scituate	State R.I.	Zip 02857	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
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 Lodovico Uriati				Date May 26, 2018	
Signature of Officer/Authorized Representative 					