RI SOS Filing Number: 201924023290 Date: 10/10/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STAT						
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2019 OCT 10 P 1: CO

Annual Report for the year:	2019
Corporation	

→ Filing period; January 1 - March 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	e if form is not file	ed by April 1.							
1. Entity ID Number	2. Exact name of the Corporation								
98435	THE FO	REWEST	CLUBE	touse, INC	_				
Principal Office Address		_	City		State	Zip			
450 WAKEFIELD	STREET	7	WEST	WARNICK	RI	02893			
4. NAICS Code	6. Brief description	n of the character	of business co	onducted in Rhode (sla	ınd				
713910	GENERALLY TO CONDUCT THE BUSINESS								
5. State of Incorporation	OF A COUNTRY CLUB								
RHODE ISLAND									
7. List ALL officers (names and add	resses)			Check th	e box to indicate	an attachment			
President Name MARY QUINN WI	1 . 1 . 0 . 0 . 6 . 6 . 6 . 6)	Vice-President	Name					
Street Address		MARY QUINN WILLIAMSON							
450 WAILETHEO STREET City WEST WARWICK State PI 02893			Street Address 450 WAKEFIELD STREET City WEST WARWICK State RI 02893						
WEST WOOD WILL	State	^{Zip} 02893	City		State	Zip			
Secretary Name		1 02893	Treasurer Nam	VARWICK	1/2	02843			
MARY QUINN WILL AMSON			MARY GUINN WILLIAMSON						
Street Address			Street Address 450 WAKETIELD STREET						
450 WAKEFILE City WEST WARWICK	State RT	Zip 02893		VARWICK	State VET	Zip 02893			
8. List ALL directors (names and ad		<u> </u>	VV4.3/ V		1	e an attachment			
Director Name	<u> </u>		Director Name	One CK II	ie box to indicat	e an attachment			
Street Address									
			Street Address						
City	State	Žip	City		State	Ζίρ			
Director Name		'	Director Name		1				
Street Address									
			Street Address						
Cny	State	Zip	City	<u> </u>	State	Žip			
9. Shares Authorized	<u> </u>	10. Shares Issue	10. Shares Issued Check the box to indicate		e an attachment 🖂				
This information is currently of recor		NUMBER OF SE	IARES	CLASSISERIES PAR VALUE					
Department of State. 600 SHARES		20	0	CNP	1	\$0.00			
Changes require an additional filing.				<u> </u>		40.00			
72 -									
11. This report must be executed o	n behalf of the cor	poration by an aut	horized repres	sentative. If the corpor	ation is in the ha	ands of a receiver or			
trustee, this report must be execute Under penalty of perjury, I declar	e and affirm that	t bave examined	this report i	ustee. actuding any accom		ulas and			
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.									
Name of Authorized Representative									
MARX QUINN WILLIAMSON Signature of Authorized Representative NO MARKED WILLIAMSON SIGNATURE OF AUTHORIZED AUTHORIZED STREET AUTHORIZED S									
Signature of Authorized Representative OCT 1 0 2019 VICE TO 2019									
MAIL TO:									

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov