

State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionRECEIVED  
R.I. DEPT. OF STATE  
BUS. SERVICES DIV.

2019 OCT 10 P 1:00

Annual Report for the year: 2019  
Corporation

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>98435</b>		2. Exact name of the Corporation <b>THE FOREWEST CLUBHOUSE, INC</b>	
3. Principal Office Address <b>450 WAKEFIELD STREET</b>		City <b>WEST WARWICK</b>	State <b>RI</b>
		Zip <b>02893</b>	
4. NAICS Code <b>713910</b>	6. Brief description of the character of business conducted in Rhode Island <b>GENERALLY TO CONDUCT THE BUSINESS OF A COUNTRY CLUB</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>MARY GUINN WILLIAMSON</b>		Vice-President Name <b>MARY GUINN WILLIAMSON</b>	
Street Address <b>450 WAKEFIELD STREET</b>		Street Address <b>450 WAKEFIELD STREET</b>	
City <b>WEST WARWICK</b>	State <b>RI</b>	City <b>WEST WARWICK</b>	State <b>RI</b>
Zip <b>02893</b>		Zip <b>02893</b>	
Secretary Name <b>MARY GUINN WILLIAMSON</b>		Treasurer Name <b>MARY GUINN WILLIAMSON</b>	
Street Address <b>450 WAKEFIELD STREET</b>		Street Address <b>450 WAKEFIELD STREET</b>	
City <b>WEST WARWICK</b>	State <b>RI</b>	City <b>WEST WARWICK</b>	State <b>RI</b>
Zip <b>02893</b>		Zip <b>02893</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>N/A</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State. <b>600 SHARES</b>		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<b>200</b>	
		<b>CNP</b>	
		<b>\$ 0.00</b>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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 <b>MARY GUINN WILLIAMSON</b>		Date <b>10/10/2019</b>	
Signature of Authorized Representative <i>Mary Guinn Williamson</i>		BY <b>XV01B</b>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov