



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

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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 98435		2. Exact name of the Corporation THE FOREWEST CLUBHOUSE, INC			
3. Principal Office Address 450 WAKEFIELD STREET		City WEST WARWICK		State RI	Zip 02893
4. NAICS Code 713910		6. Brief description of the character of business conducted in Rhode Island GENERALLY TO CONDUCT THE BUSINESS OF A COUNTRY CLUB			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARY GUINN WILLIAMSON			Vice-President Name MARY GUINN WILLIAMSON		
Street Address 450 WAKEFIELD STREET			Street Address 450 WAKEFIELD STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name MARY GUINN WILLIAMSON			Treasurer Name MARY GUINN WILLIAMSON		
Street Address 450 WAKEFIELD STREET			Street Address 450 WAKEFIELD STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. 600 SHARES			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 200		
			CLASS/SERIES CNP		
			PAR VALUE \$ 0.00		
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 MARY GUINN WILLIAMSON			Date 10/10/2019		
Signature of Authorized Representative <i>[Signature]</i>			BY XV01B		

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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