



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 117642		2. Name of Corporation PINEHURST GOLF COURSE, INC.			
3. Street Address Principal Business Office 25 Pinehurst Drive			City Carolina	State RI	Zip 02812
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION OF A GOLF COURSE AND CLUB HOUSE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Timothy P. Conley			Vice President Name Ross B. Atkins		
Street Address 87 Riverside Drive			Street Address 4828 Quebec St., NW		
City Wakefield	State RI	Zip 02879	City Washington	State DC	Zip 20016
Secretary Name James P. Manning			Treasurer Name Sarah W. Atkins		
Street Address P. O. Box 3110			Street Address 4828 Quebec St., NW		
City Narragansett	State RI	Zip 02882	City Washington	State DC	Zip 20016
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Timothy P. Conley			Director Name Ross B. Atkins		
Street Address 87 Riverside Drive			Street Address 4828 Quebec St., NW		
City Wakefield	State RI	Zip 02879	City Washington	State DC	Zip 20016
Director Name James P. Manning			Director Name Sarah W. Atkins		
Street Address P. O. Box 3110			Street Address 4828 Quebec St., NW		
City Narragansett	State RI	Zip 02882	City Washington	State DC	Zip 20016
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			900	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



117642

FILED

File Date
MAR 03 2005

Check No. 1862
By: ICB

FOR SECRETARY OF STATE USE ONLY

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.

James P. Manning 2/28/05
Signature of Officer Date

James P. Manning
Print or Type Name of Officer
Secretary

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No 117642 2 Name of Corporation PINEHURST GOLF COURSE, INC.
3 Street Address Principal Business Office 25 Pinehurst Drive City Carolina State RI Zip 02812
4 Business Phone No. 5 State of Incorporation RHODE ISLAND 6 SIC Code

7 Brief Description of the Character of Business Conducted in Rhode Island
THE OPERATION OF A GOLF COURSE AND CLUBHOUSE

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Timothy P. Conley Street Address 87 Riverside Drive City Wakefield State RI Zip 02879	Vice President Name Ross B. Atkins Street Address 4828 Quebec St., NW City Washington State DC Zip 20016
Secretary Name James P. Manning Street Address PO Box 3110 City Narragansett State RI Zip 02882	Treasurer Name Sarah W. Atkins Street Address 4828 Quebec St., NW City Washington State DC Zip 20016

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Timothy P. Conley Street Address 87 Riverside Drive City Wakefield State RI Zip 02879	Director Name Ross B. Atkins Street Address 4828 Quebec St., NW City Washington State DC Zip 20016
Director Name James P. Manning Street Address PO Box 3110 City Narragansett State RI Zip 02882	Director Name Sarah W. Atkins Street Address 4828 Quebec St., NW City Washington State DC Zip 20016

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
2,000	NO	PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES Number of Shares	Class/Series	Par Value
900	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 7 6 4 2

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.

Signature of Officer James P. Manning Date 7/5/04
Print or Type Name of Officer James P. Manning
Title of Officer Secretary

Form 630 12/01

File Date **FILED**
Check No JUL 07 2004
By M 36860
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *117642*		2. Name of Corporation PINEHURST GOLF COURSE, INC.			
3. Street Address Principal Business Office 87 RIVERSIDE DRIVE			City WAKEFIELD	State RI	Zip 02879-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION OF A GOLF COURSE AND CLUB HOUSE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Timothy P. Conley			Vice President Name Ross B. Atkins		
Street Address 87 Riverside Drive			Street Address 4828 Quebec St., NW		
City Wakefield	State RI	Zip 02879	City Washington	State DC	Zip 20016
Secretary Name James P. Manning			Treasurer Name Sarah W. Atkins		
Street Address 66 Mumford Road			Street Address 4828 Quebec St., NW		
City Narragansett	State RI	Zip 02882	City Washington	State DC	Zip 20016
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Timothy P. Conley			Director Name Ross B. Atkins		
Street Address 87 Riverside Drive			Street Address 4828 Quebec St., NW		
City Wakefield	State RI	Zip 02879	City Washington	State DC	Zip 20016
Director Name James P. Manning			Director Name Sarah W. Atkins		
Street Address 66 Mumford Road			Street Address 4828 Quebec St., NW		
City Narragansett	State RI	Zip 02882	City Washington	State DC	Zip 20016
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
2,000 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
900		common	no par value		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 7 6 4 2 *

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.

Signature of Officer

Date

Timothy P. Conley

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

117642 DBC2/13/0310:30:20 AM

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

117642

PINEHURST GOLF COURSE, INC.

3. Street Address Principal Business Office

87 Riverside Drive

City

Wakefield

State

RI

Zip

02879

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

NINE HOLE GOLF COURSE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Timothy P. Conley

Street Address

87 Riverside Drive

City State Zip

Wakefield RI

02879

Vice President Name

Ross B. Atkins

Street Address

4828 Quebec St., NW

City State Zip

Washington DC

20016

Secretary Name

James P. Manning

Street Address

66 Mumford Road

City State Zip

Narragansett RI

02882

Treasurer Name

Sarah W. Atkins

Street Address

4828 Quebec St., NW

City State Zip

Washington DC

20016

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Timothy P. Conley

Street Address

87 Riverside Drive

City State Zip

Wakefield RI

02879

Director Name

Ross B. Atkins

Street Address

4828 Quebec St., NW

City State Zip

Washington DC

20016

Director Name

James P. Manning

Street Address

66 Mumford Road

City State Zip

Narragansett RI

02882

Director Name

Sarah W. Atkins

Street Address

4828 Quebec St., NW

City State Zip

Washington DC

20016

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

0

common

no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 7 6 4 2 *

6-11-02

File Date: 1179

Check No.: 2e

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

Timothy P. Conley

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01