



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Non-Profit Corporation

- Filing period: June 1 -
→ Filing Fee: \$20.00
→ Penalty: Additional \$25

List the corporation's ID number. The ID number can be found by looking up your entity in the Corporate Database.

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List the name of the corporation. The entity name can be verified through the Corporate Database.

1. Entity ID Number <input checked="" type="checkbox"/> 001689445		2. Exact name of the Corporation <input checked="" type="checkbox"/> Carrigie Golf Lodge And Clubhouse Association, Inc.	
3. State of Incorporation <input checked="" type="checkbox"/> Rhode Island		List the state or country under whose laws the corporation was incorporated.	
4. NAICS Code <input checked="" type="checkbox"/> 813990		List the type of business the corporation is engaged in Rhode Island. Horseman's Association	
6. Principal Office Address <input checked="" type="checkbox"/> 276 Depot Ave		List the address of the main business office of the corporation. Portsmouth RI 02871	
7. List ALL officers (names and addresses) <input checked="" type="checkbox"/> President Name Philip Down Street Address 10414 Queensway Drive City Ellipton State MO Zip 21042		List the names and addresses of the officers, if applicable. If you require additional space check the attachment box and be sure to include the entity ID number on the attachment.	
Secretary Name Peter Sandora		Treasurer Name Jonathan Schur	
8. List ALL directors (names) Director Name Philip Down Street Address 10414 Queensway Drive City Ellipton State MO Zip 21042		Rhode Island corporations list the names and addresses of at least THREE (3) directors, if applicable. If you require additional space check the attachment box and be sure to include the entity ID number on the attachment. Director Name Peter Sandora Street Address 137 Tanager Trail City Jupiter State FL Zip 33458	
9. Registered Agent in Rhode Island Under penalty of perjury, I do hereby certify that the information furnished on this report is true and correct, and that all statements contained herein are true and correct.		The registered agent is of record in this office. If the registered agent has changed, see instructions for further information.	
Name of Officer/Authorized Representative Philip Down		Date 4-30-20	

SIGN DOCUMENT HERE

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