



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. ID No. 000520463

2. Exact Name of the Limited Liability Company FOUNDER MEMBERSHIPS LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531110

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO OWN AND HOLD MEMBERSHIPS TO THE SHELTER HARBOR GOLF CLUB AND TO CONVEY SUCH MEMBERSHIP(S) TO THOSE PERSON(S) ACCEPTED FOR MEMBERSHIP BY THE SHELTER HARBOR GOLF CLUB AT THE MEMBERSHIP CONTRIBUTION AMOUNT THEN ESTABLISHED BY ITS BOARD OF GOVERNORS AND TO CONDUCT ANY OTHER BUSINESS FOR WHICH A LIMITED LIABILITY COMPANY MAY BE FORMED IN RHODE ISLAND.

5. Principal Office Address

No. and Street: C/O KATHRYN M. COOK
132 TURNPIKE ROAD, #250

City or Town: SOUTHBOROUGH State: MA Zip: 01772 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 1 GOLF CLUB DRIVE

City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	FREDERICK C MAYNARD III	1 GOLF CLUB DRIVE CHARLESTOWN, RI 02813 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MATTHEW H. THOMSEN 43 BROAD STREET WESTERLY , RI 02891

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 3 Day of June, 2020 at 7:37:12 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By FREDERICK C MAYNARD III
Signature of Authorized Person

Form No. 632
Revised 09/07