

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

Annual Report for the year: **2020**
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 000010818		2. Exact name of the Corporation MIDVILLE GOLF CLUB, INC.			
3. Principal Office Address 60 Lombardi Lane		City West Warwick		State RI	Zip 02893
4. NAICS Code 713910		5. Brief description of the character of business conducted in Rhode Island Operators of Golf Club and Restaurant,			
6. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Richard Lombardi			Vice President Name Ronald Lombardi		
Street Address 23 Carnival Terrace			Street Address 65 Lombardi Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Ronald Lombardi			Treasurer Name Ronald Lombardi		
Street Address 65 Lombardi Lane			Street Address 23 Carnival Terrace		
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 ☐					
Director Name Richard Lombardi			Director Name Ronald Lombardi		
Street Address 23 Carnival Terrace			Street Address 65 Lombardi Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
NUMBER OF SHARES 150			CLASSIFIED Common		PAR VALUE No Par
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.					
Signature of Authorized Representative <i>Richard Lombardi</i>			Date OCT 06 2020		Date 3/16/2020
Signature of Authorized Representative <i>Richard Lombardi</i>			BY N39XD AA.		