



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
401 222-5040

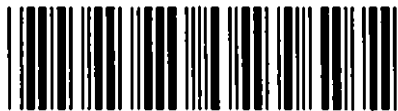
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 113280		2. Name of Corporation Rose Hill Golf Club, Inc.			
3. Street Address (Principal Business Office) 222 Rose Hill Road			City Wakefield	State RI	Zip 02879
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 9696
7. Brief Description of the Character of Business Conducted in Rhode Island THE OWNERSHIP, OPERATION AND MANAGEMENT OF A GOLF COURSE AND CLUBHOUSE, INCLUDING THE SERVICE OF FOOD AND ALCOHOLIC BEVERAGES					
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 James P. Manning		
Street Address 87 Riverside Drive			Street Address P. O. Box 3110		
City Wakefield	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
Secretary Name Timothy P. Conley			Treasurer Name James P. Manning		
Street Address 87 Riverside Drive			Street Address P. O. Box 3110		
City Wakefield	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
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 James P. Manning		
Street Address 87 Riverside Drive			Street Address P. O. Box 3110		
City Wakefield	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Narragansett	RI	02882
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			1000	Common	No Par Value

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



113280

File Date	FILED
Check No.	MAR 03 2005 2207
By	KB
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
Vice-President
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

113280

2 Name of Corporation

Rose Hill Golf Club, Inc.

3 Street Address Principal Business Office

222 Rose Hill Road

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 OWNERSHIP, OPERATION AND MANAGEMENT OF A GOLF COURSE AND CLUBHOUSE, INCLUDING THE SERVICE OF FOOD AND ALCOHOLIC BEVERAGES

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

James P. Manning

Street Address

PO Box 3110

City

Narragansett

State

RI

Zip

02882

Secretary Name

Timothy P. Conley

Street Address

87 Riverside Drive

City

Wakefield

State

RI

Zip

02879

Treasurer Name

James P. Manning

Street Address

PO Box 3110

City

Narragansett

State

RI

Zip

02882

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

James P. Manning

Street Address

PO Box 3110

City

Narragansett

State

RI

Zip

02882

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

1000

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 3 2 8 0

File Date

FILED

Check No

JUL 07 2004

By

M36860

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

James P. Manning

Print or Type Name of Officer

Vice President

Title of Officer

Form 630 12/01



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. *113280*		2. Name of Corporation Rose Hill Golf Club, Inc.			
3. Street Address Principal Business Office 222 ROSE HILL ROAD			City SOUTH KINGSTOWN	State RI	Zip 02879-
4. Business Phone No. 4017828411		5. State of Incorporation RHODE ISLAND			6. SIC Code 9696
7. Brief Description of the Character of Business Conducted in Rhode Island THE OWNERSHIP, OPERATION AND MANAGEMENT OF A GOLF COURSE AND CLUBHOUSE, INCLUDING THE SERVICE OF FOOD AND ALCOHOLIC BEVERAGES					
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 James P. Manning			
Street Address 87 Riverside Drive		Street Address 66 Mumford Road			
City South Kingstown	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
Secretary Name Timothy P. Conley		Treasurer Name James P. Manning			
Street Address 87 Riverside Drive		Street Address 66 Mumford Road			
City South Kingstown	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
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 James P. Manning			
Street Address 87 Riverside Drive		Street Address 66 Mumford Road			
City South Kingstown	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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			1000	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 3 2 8 0 *

113280 DBC2/13/0311:35:56 AM

File Date 2/24/03

Check No. 1409

By: [Signature]

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] 2-15-03
Signature of Officer Date
Timothy P. Conley
Print or Type Name of Officer
President
Title of Officer



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

113280

Rose Hill Golf Club, Inc.

3. Street Address Principal Business Office

~~87 Riverside Drive~~ 222 Rose Hill Rd.

City

State

Zip

South Kingstown

RI

02879

4. Business Phone No.

782-8411

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9696

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

operation of golf course

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

President Name

Timothy P. Conley

Vice President Name

James P. Manning

Street Address

87 Riverside Drive

Street Address

66 Mumford Road

City

State

Zip

South Kingstown RI

02879

City

State

Zip

Narragansett

RI

02882

Secretary Name

Timothy P. Conley

Treasurer Name

James P. Manning

Street Address

87 Riverside Drive

Street Address

66 Mumford Road

City

State

Zip

South Kingstown RI

02879

City

State

Zip

Narragansett

RI

02882

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

Director Name

Timothy P. Conley

Director Name

James P. Manning

Street Address

87 Riverside Drive

Street Address

66 Mumford Road

City

State

Zip

South Kingstown RI

02879

City

State

Zip

Narragansett

RI

02882

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

1000

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 3 2 8 0 *

File Date: 2-22-02

Check No.: 1105

By: 2

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

Timothy P. Conley

Print or Type Name of Officer

President

Title of Officer

Date



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **113280** 2. Name of Corporation **Rose Hill Golf Club, Inc.**

3. Street Address Principal Business Office **87 Riverside Drive** City **South Kingstown** State **RI** Zip **02879**
4. Business Phone No. **782-8411** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9696**

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

operation of 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 South Kingstown State RI Zip 02879	Vice President Name James P. Manning Street Address 66 Mumford Road City Narragansett State RI Zip 02882
Secretary Name Timothy P. Conley Street Address 87 Riverside Drive City South Kingstown State RI Zip 02879	Treasurer Name James P. Manning Street Address 66 Mumford Road City Narragansett State RI Zip 02882

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

Director Name Street Address City State Zip	Director Name Street Address City State Zip
---	---

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
1000	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 3 2 8 0 *

File Date: 5-22-01

Check No.: 1264

By: [Signature]

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 [Signature] Date _____
Print or Type Name of Officer Timothy P. Conley
Title of Officer President