

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 92993-1335 401 222 3040

ROFIT	CORPORATION ANNUAL	REPORT FOR THE YEAR	2005

FORM MUST BE TYPED OF	2 Name of Corp	ration		.			
113280	' '	Solf Club, Inc.					
Street Address Principal Bio	• •		Wakefield	State RI	λφ 02879		
222 Rose Hill F	rodu .	S. State of the orporation	<u> </u>		6 SIC Gale		
		RHODE ISLAND			9696		
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AND ALCOHOLIC NAMES AND ADDRE		CERS: ("X" BOX FOR AT	TACHMENT) - FLEILLIN	SPACES BEFORE USIN	G ATTACHMENTS		
hesident Nama			Vise President Name				
Timothy P. Con:	ley		James P. Mannin	g			
treg Address		·	Street Address	-			
87 Riverside D	rive		P. O. Box 3110				
Wakefield	State RI	02879	Narragansett	State RI	7.1p 02882		
Secretary Name	1		James P. Mannir	nCT			
Timothy P. Con	reÀ		Street Address	<u></u>			
87 Riverside D	rive		P. O. Box 3110				
GIT	State	Z4p		State	Zip		
Wakefield	RI	02879	Narragansett	RI	02882		
). NAMES AND ADDRI	ESSES OF THE DIRE	CTORS: ("X" BOX FOR A	I <i>TTACHMENT)</i> [] FILL I	IN SPACES BEFORE US	ING ATTACHMENTS		
hiretion Name			Director Name				
Timothy P. Con	ley	····	James P. Manning				
sucet Address			Specialidiess P. O. Box 3110				
<u>87 Riverside D</u>	rive	Zψ	City	State	Zip		
Wakefield	RI	02879	Narragansett	RI	02882		
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Secondadiuss			Street Address				
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10. SHARES AUTHORI		 R ATTACHMENT) [`	: 11 SHARES ISSUED	 ("X" BOX FOR ATTAC:	 HMENT) []		
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_			1000				
This report mu	st be signed in ink b	by either the President, Vici	e President, Secretary, Assist	lant Secretary, Treasurer	. Receiver or Trustee		
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	-1	13280*	meluding any acco contained hereinsu		atements, and that ail state:		
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File Date			Summer of the second	- Land	Date		
Check NoMAR	0 3 2005 27	20 T	Signature of Officer	\mathcal{O}	1 nav		
	1 M		James P. Manning Print or Type Name of Officer				
By	W.						
-,			Vice-President				
TOO COCOURS ON	OF STATE USE ONLY		C 1 - 100				

Tale of Officer

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

(FORM MUST BE TYPED IN BL 1-Corporate ID No	2 Name of Corpor				
113280	Rose Hill Go	If Club, Inc.			
3 Street Address Principal Busine	•		City	State	Zip
222 Rose Hill Road			Wakefield	RI	02879
4 Business Phone No		 State of Incorporate RHODE ISLAN 			6 SIC Code
AND ALCOHOLIC DEVEDA	TION AND MAN	AGEMENT OF A GOLF	COURSE AND CLUBHOUSE		
- 8. NAMES AND ADDRESS President Name	rş of the off	ICERS ("X BUX FOR A	Vice President Name	CES BEFORE COMON	iwritiniputa
Timothy P. Conley			James P. Mannin	g	
Street Address			Street Address		
87 Riverside Drive			PO Box 3110		
Cay	State	Z r p	City	State	Zip
Wakefield	RI	02879	Narragansett	RI	02882
Secretary Name			Treasurer Name James P. Mannin	a	
Timothy P. Conley			Street Address	9	
Street Address 87 Riverside Drive			PC Box 3110		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Narragansett	RI	02982
9. NAMES AND ADDRESS Director Name	ES OF THE DIR	ECTORS '("X" BOX FO	RATTACHMENT) FILL IN S	SPACES BEFORE USING	ATTACHMENTS
Timothy P. Conley			James P. Mannin	ıg	
Street Address	-	· 	Strect Address		
87 Riverside Drive			PO Box 3110		
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 .	Zıp
10. SHARES AUTHORIZE	TY CAN BOY FOR	ATTACHMENT	, 11. SHARES ISSUED (*X	C" ROX FOR ATTACHMEN	vn □
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File Date 13	
Check No JUL 07 2001	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have expensed this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

James P. Manning Fint or Type Name of Officer

Vice President

Title of Officer Form 630 12/01



FOR SECRETARY OF STATE USE ONLY

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 I 🏓 Fi	ling Fee: \$50.00			
(FORM MUST BE TYPED IN L			<u></u>		
I. Corporate ID No. 113280*	2. Name of Corpor. Rose Hill Go				
	_ }	ii Giub, iiic.	Cin	1State	Zip
3. Street Address Principal Busin 222 ROSE HILL ROA			SOUTH KINGSTOWN	RI	02879-
4. Business Phone No.	<u> </u>	5. State of Incorporati			6. SIC Code
4017828411		RHODE ISLAN			9696
				<u></u>	
THE OWNERSHIP, OPER	ation and man	AGEMENT OF A GOLF	COURSE AND CLUBHOUSE,	INCLUDING THE S	ERVICE OF FOOD AND
ALCOHOLIC BEVERAGES					
8. NAMES AND ADDRES	SES OF THE OFF	ICERS C'X" BOX FOR A	TTACHMENT) FILL IN SPA	CES RELOKE OSING AT	TACHMENTS
President Name Timothy P. Conley			James P. Manning	1	
Street Address		 	Street Address	<u>,</u>	
87 Riverside Driv	Δ		.66 Mumford Road		•
	Siare	Zip	City	State	Z _i p
City South Vingstown	RI	02879	. Narragansett	RI	02882
South Kingstown Secretary Name	. 1		Treasurer Name		
Timothy P. Conley			James P. Manning		
Street Address			Street Address		
87 Riverside Driv	e		.66 Mumford Road		
City	State	Zip	*City	State	Zip
South Kingstown	RI	02879	. Narragansett	RI	02882
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9. NAMES AND ADDRES	SES OF THE DIK	FCIOKZ LX BOX LO	Director Name	ACIS DEFORE OSING	AT TACTOR OF THE PARTY OF THE P
			*James P. Manning	7	
Timothy P. Conley			Street Address	·	
Street Address	_		'66 Mumford Road		
87 Riverside Driv			*	State	Zıp
City	State	Zip	*City	RI	02882
South Kingstown	RI	02879	Narragansett		102002
Director Name		•	• Director Name •		
<u> </u>			*Street Address	 -	
Street Address			4		•
City	State	Zip	Clty	State	2 ip
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10. SHARES AUTHORIZ	LID ANY PON FOR	ATTACUMENTS D	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be sign	ed in ink by eith	er the President, vice	President, Secretary, Assis	iani Secretary, Treas	urer, Necester or Transie
				•	
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1440000 BB 00/40/00	44.05.50 414			is contained herein are tr	
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File Date 2/24	1100	_	_//_/	1/Min	· · · · · · · · · · · · · · · · · · ·
	119		Signature of Officer		Date
Check No. /	Y U /	<u> </u>	Timothy P. (
	OM.		Print or Type Name of	O]]icer	

President

Form 630 12/01

Title of Officer

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

FORM MUST BE TYPED IN BLACK).	ST RE TYPED IN RLACK)	TYPED IN R.	ЯE	MUST	FORM
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1. Corporate ID No.

2. Name of Corporation

113280

Rose Hill Golf Club, Inc.

3 Street Address Principal Business Office

87 Riverside Drive 222 Rost Har RD, South Kingstown

City

02879

4. Business Phone No.

S. State of Incorporation

6. SIC Code

782-8411

RHODE ISLAND

9696

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

operation of golf course

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

President Name

Timothy P. Conley

Street Address

87 Riverside Drive

South Kingstown

Secretary Name

Timothy P. Conley

87 Riverside Drive

P.I

RI

02879

02879

RI

RI

^{Zip} 02882

Narragansett Treasurer Name

Street Address

James P. Manning

James P. Manning

66 Mumford Road

66 Mumford Road

Narragansett

ზ2882

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

Director Name

Street Address

Timothy P. Conley

Street Address

87 Riverside Drive

South Kingstown

RI

02879

7.10

James P. Manning

Street Address

Director Name

66 Mumford Road State

RI

02882

Zip

Narragansett

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

2,000 NO PAR VALUE

Number of Shares

Class/Series

Par Value

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

ZERAHEZ CETUZZI

Number of Shares

Class/Series

Par Value

1000

common

Under penalty of perjury, I declare and affirm that I have examined

no par value

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



2-22-02

FOR SECRETARY OF STATE USE ONLY

13280 *

this report, including any accompanying schedules and statements, and all statements contained perein are true and correct. Signature of Officer

Timothy P. ConTey

Print or Type Name of Officer President

Title of Officer

Zip

02879

6 SIC Code

State

RI



2. Name of Corporation

1. Corporate ID No.

4. Business Phone No.

113280

3. Street Address Principal Business Office

87 Riverside Drive

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

5. State of Incurporation

Filing Period: January 1-March 1	•	Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK)		

Rose Hill Golf Club, Inc.

782-8411		RHODE ISL	AND		9696
7. Brief Description of the Character of	Business Conducted in	r Rhode Island			
operation of gol	lf course				
8. NAMES AND ADDRESSE	S OF THE OFFI	CERS ("X" BOX FOR AT		FORE USING ATTAC	HMENTS
President Name			Vice President Name	n.a	
Timothy P. Conle	∍y		James P. Manni	ng	
Street Address			Street Address 66 Mumford Roa	A	
87 Riverside Dri	ive				
Cuy	State	Zip	City	State RI	0 2 8 8 2
South Kingstown	RI	02879	Narragansett	V.1	02002
Secretary Name			Treasurer Name James P. Manni	na	
Timothy P. Conle	ey			.119	
Street Addréss			Street Address 66 Mumford Road	1	
87 Riverside Dr	ive				• -
City	State	Zip	City Newspannort	State RI	^{Ζφ} 02882
South Kingstown		02879	Narragansett		
9. NAMES AND ADDRESSE	ES OF THE DIRE	ECTORS ("X" BOX FOR		BEFORE USING ATTA	ACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	7 rp
10. SHARES AUTHORIZED	/*** b/17 E/19 37*	ACHMENT)	11. SHARES ISSUED (*x	" BOX FOR ATTACHMEN"	т)
AUTHORIZED SHARES	CA BOAFORAIT	ACHMEN 17	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
		The Turne			
2,000 NO PAR VALU	JE		1000	common	no par value
This report must be signe	d in ink by eit	her the President, V	ice President, Secretary, Assis	tant Secretary, Treas	urer, Receiver or Trustee

Citi

South Kingstown

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 horein are true and correct.

5-22-01

Timothy P. Conley

President

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer

litle of Officer

Date