



State of Rhode Island
Department of State - Business Services Division

FILED
JUL 20 2021

Annual Report for the year: 2021
Non-Profit Corporation

- Filing period June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

60726

1. Entity ID Number 29917		2. Exact name of the Corporation Rhode Island Country Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island For athletic, social and literary purposes.			
4. NAICS Code 813319 - Other Social Advocacy					
6. Principal Office Address 150 Nayatt Road			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Gregory Perry			Vice-President Name Vinu Malik		
Street Address 187 Poppasquash Road			Street Address 6 Stone Tower Road		
City Bristol	State RI	Zip 02809	City Barrington	State RI	Zip 02806
Secretary Name George Demopoulos			Treasurer Name Leslie Goodwin		
Street Address 32 Sunset Road			Street Address 11 Woodhanven Road		
City Bristol	State RI	Zip 02809	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Christopher Patton			Director Name Michael McCmpbell		
Street Address 3 Lafayette Court			Street Address 24 Great Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Craig Fisher			Director Name Daniel Sullivan		
Street Address 25 Sunset Road			Street Address 2 Brick Pond Drive		
City Bristol	State RI	Zip 02809	City Barrington	State RI	Zip 02806
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Leslie Goodwin - Treasurer				Date 07-14-2021	
Signature of Officer/Authorized Representative <i>Leslie Goodwin</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov