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2021 NOV -4 A 11:55

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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	2. Exact name of the Corporation
000098435	THE FOREWEST CLUBHOUSE, INC

3. Principal Office Address	City	State	Zip
450 WAKEFIELD STREET	WEST WARWICK	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
713910	GENERALLY TO CONDUCT THE BUSINESS OF A COUNTRY CLUB
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MARIBETH Q. WILLIAMSON	MARIBETH Q WILLIAMSON
Street Address: 450 WAKEFIELD STREET	Street Address: 450 WAKEFIELD STREET
City: WEST WARWICK State: RI Zip: 02893	City: WEST WARWICK State: RI Zip: 02893
Secretary Name	**Treasurer Name**
MARIBETH Q. WILLIAMSON	MARIBETH Q. WILLIAMSON
Street Address: 450 WAKEFIELD STREET	Street Address: 450 WAKEFIELD STREET
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	Director Name
N/A	
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. 600 SHARES	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	CNP	$0.00

11. 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.

Name of Authorized Representative	Date
MARIBETH Q. WILLIAMSON	9/27/2021

Signature of Authorized Representative: MW Williamson

FILED
NOV 04 2021
BY FEO3H
11:56

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020