RI SOS Filing Number: 202327799410 Date: 2/7/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual	Report	for the	year:
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2023

2023 FEB -7 AM 8: 55

Non-Profit Corporation → Filing period: February 1 - May 1 → Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

				-			
1. Entity ID Number	2. Exact name of the Corporation						
27571	KIRKBRA	KIRKBRAE COUNTRY CLUB					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	golf club and restaurant (service company)						
4. NAICS Code	1						
713910							
6. Principal Office Address			City	State	Zip		
197 Old River Road			Lincoln	RI	02865-0000		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Louis R. Rotella			Vice-President Name Edward DeCristofaro				
Street Address 10 Calderwood Avenue			Street Address 4 Eagle Nest Drive				
City Greenville	State R1	Zip 02828-	City Lincoln	State R1	Zip 02865-		
Secretary Name	<u> </u>	<u> </u>	Treasurer Name	1 101			
Bryan Boulis			David A. Fontaine				
Street Address 250 School Street			Street Address 235 Nancy Lanc				
City	State	Zip	City	State	Zip		
Lincoln	RI	02865-	Harrisville	RI	02830-		
8. List ALL directors (names and a	ddresses). RI Co	orporations MUST I	ist at least THREE directors.	Check the box to in	dicate an attachment		
Director Name Louis R. Rotella			Director Name Edward DeCristofaro				
Street Address 10 Calderwood Avenue			Street Address 4 Eagle Nest Drive				
City	State	Zip	City	State	Zip		
Greenville	RI	02828-	Lincoln	RI	02865-		
Director Name David A. Fontaine			Director Name Bryan Boulis				
Street Address 235 Nancy Lane			Street Address 250 School Street				
City Harrisville	State R1	Zip 02830-	City Lincoln	State RI	Zip 02865-		
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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative					Date		
Louis R. Rotella President			01/02/2	01/02/2023			
Signature of Officer/Authorized Representative /// FILED							
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			TED 7 2023				

MAIL TO:

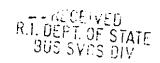
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY Symc B

FORM 631 - Revised: 11/2021

KIRKBRAE COUNTRY CLUB ID #27571 ADDITIONAL DIRECTORS (2023)



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David Duhamel P.O. Box 17245 Smithfield, RI 02917

Robert Richardson 2 Valley View Drive North Smithfield, RI 02896

Jack Fox 41 Breakneck Hill Road, Unit 51 Lincoln, RI 02865

Jon Rocco McCann 77 Scarborough Road Cumberland, RI 02864

Carl B. Lisa 652 George Washington Highway, #301 Lincoln, RI 02865 Joseph T. Nottie 5 Southbury Road Cumberland, RI 02864

Gregory Leonard 10 Great Meadows Lane Lincoln, RI 02865 Gerald Traficante 7 Tanglewood Drive Greenville, RI 02828