



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR **2023:** 2023

1. Corporate ID No. 000028827

2. Name of Corporation Quonochontaug Tennis Club

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

237990

4. Principal Office Address

No. and Street: C/O BETTY WISSON

22 BAY STREET

City or Town: CHARLESTOWN

State: RI

Zip: 02813

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PROVIDE TENNIS FACILITIES FOR ITS MEMBERS

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	BETTY WISSON	22 BAY ST CHARLESTOWN, RI 02813 USA
TREASURER	JAMES BUCCHERI	37 S BOROUGH RD SOUTHINGTON, CT 06489 USA
DIRECTOR	JULIE LOW	535 HILL FARM RD FAIRFIELD, CT 06824 USA
DIRECTOR	CAROL CAVANAGH	59 SUNSET DR CHARLESTOWN, RI 02813 USA
DIRECTOR	TODD ZEIDENBERG	53 IRONWOOD RD GUILFORD, CT 06437 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JAMES BUCCHERI 80 NORTH AVENUE P.O. BOX 155 CHARLESTOWN , RI 02813

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 5 Day of June, 2023 at 8:22:22 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JAMES BUCCHERI
Signature of Authorized Person

Form No. 631
Revised 09/07

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