



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

No Fee

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

**Domestic Non-Profit
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), 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.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2024

1. Corporate ID No. 000028845

2. Name of Corporation Sher-Le-Mon Swim Club, Inc.

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
713940

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 2701 MENDON ROAD

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

ESTABLISH AND MAINTAIN A SWIMMING POOL AND OTHER FACILITIES DEEMED NECESSARY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).
R.I.G.L.
7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRETTE N BLETTE	10 CANOE WAY E BRIDGEWATER, MA 02333 US
TREASURER	J TODD MORRISSEY	43 EATON STREET CUMBERLAND, RI 02864 US
SECRETARY	KEVIN HAYDEN	6 SANDY WAY CUMBERLAND, RI 02864 US
VICE PRESIDENT	DENIS FLEURANT	6 GLENNA DRIVE SMITHFIELD, RI 02917 USA
DIRECTOR	BRETTE N BLETTE	10 CANOE WAY E. BRIDGEWATER, MA 02333 US
DIRECTOR	JOHN KAVENY	50 WEST WRENTHAM RD CUMBERLAND, RI 02864 US
DIRECTOR	DENIS FLEURANT	6 GLENNA DRIVE SMITHFIELD, RI 02917 USA
DIRECTOR	J TODD MORRISSEY	43 EATON STREET CUMBERLAND, RI 02864 USA
DIRECTOR	KEVIN HAYDEN	6 SANDY WAY CUMBERLAND, RI 02864 US
DIRECTOR	JOHN WHITE	15 WILL CROFT STREET CUMBERLAND, RI 02864 US
DIRECTOR	FRANK GEISELMAN	199 STAPLES RD CUMBERLAND, RI 02864 US
DIRECTOR	GERALD KAVENY	152 WEST WRENTHAM RD CUMBERLAND, RI 02864 US

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

JOHN T. MORRISSEY 43 EATON STREET CUMBERLAND , RI 02864

Signed this 8 Day of January, 2025 at 12:15:01 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 JOHN T MORRISSEY
Signature of Authorized Person

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State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

January 08, 2025 12:14 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

