



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 27538		2. Exact name of the Corporation FRENCHTOWN BARN CLUB, INC.			
3. State of Incorporation R.I.		4. Corporate Address in RI - Street Address 201 Old Baptist Rd		City No. Kingstown	Zip 02852
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island The preservation of Country music					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name FRANKLYN COOKE			Vice-President Name STEVEN MACERA		
Street Address 160 LATIN KNIGHT RD			Street Address 600 CARRS POND RD		
City Cranston	State R.I.	Zip 02921	City EAST GREENWICH	State R.I.	Zip 02818
Secretary Name NANCY MATTERA			Treasurer Name SHIRLEY JOHNSON		
Street Address 14 WEST BAY DRIVE			Street Address 123 OLD BAPTIST RD		
City NARRAGANSETT	State R.I.	Zip 02883	City No. Kingstown	State R.I.	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NEIL SHUSTER			Director Name LEWIS E. PECK JR.		
Street Address 892 TEN ROD RD			Street Address 2 SUNDERLAND RD		
City No. Kingstown	State R.I.	Zip 02852	City EXETER	State R.I.	Zip 02822
Director Name CARL SMITH			Director Name ELAINE WILKINSON		
Street Address 1555 TOWER HILL RD			Street Address 3 AURORA RD.		
City No. Kingstown	State R.I.	Zip 02852	City EAST GREENWICH	State R.I.	Zip 02818
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY 170

FILED

JUN 05 2014

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.

Shirley Johnson 6-4-2014
 Signature of Officer Date

Shirley Johnson
 Print or Type Name of Officer

TREASURER
 Title of Officer