RI SOS Filing Number: 202446978440 Date: 2/20/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division			
Annual Report for the year: 2024  Non-Profit Corporation	FILED		
→ Filing period: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.	FEB 20,2024 BY 71873		

→ Penalty: Additional \$25.00 fee if	form is not filed by	May 31			011			
1. Entity ID Number	2. Exact name c	2. Exact name of the Corporation						
27571	KIRKBRAE	KIRKBRAE COUNTRY CLUB						
3. State of Incorporation	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	6. Principal Office Address				State	Zip		
197 Old River Road	197 Old River Road			coln	RI	02865-000		
7. List ALL officers (names and add	dresses)			Check the	the box to indicate a	an attachment		
President Name Gregory Leonard				President Name Edward DeCristofaro				
Street Address 10 Great Meadows Lane			Street	Street Address 4 Eagle Nest Drive				
City Lincoln	State RI	Zip 02865-	City	Lincoln	State RI	Zip 02865-		
Secretary Name Joseph T. Nottie			Treas	Treasurer Name Louis R. Rotella				
Street Address 5 Southbury Road •			Street	Street Address 10 Calderwood Avenue				
City Cumberland	State RI	Zip 02864-	City	Greenville	State RI	Zip 02828-		
8. List ALL directors (names and a	ddresses). RI Con		ist at lea		the box to indicate			
Director Name Gregory Leonard			Direct	Director Name Edward DeCristofaro				
Street Address 10 Great Meadows Lane			Street	Street Address 4 Eagle Nest Drive				
City Lincoln	State RI	Zip 02865-	City	Lincoln	State RI	Zip 02865-		
Director Name Joseph T. Nottie		Direct	Director Name Louis R. Rotella					
Street Address 5 Southbury Road		Street	Street Address 10 Calderwood Avenue					
City Cumberland	State RI	Z <sub>IP</sub> 02864-	City	Greenville	State R1	ZiB2828-		
9. The Registered Agent information	on of record with th	ne RI Department	of State	e is accurate. Changes requi	ire filing Form 64			
Under penalty of perjury, i declar statements, and that all stateme					npanying sched	fules and		
This report must be signed by either the Pres	sident, Vice-President,	Secretary, Assistant Si	ecretary, T	Freasurer, duly Authorized Represen	itative, Receiver or Tr	ust <del>ee</del> .		
Name of Officer/Authorized Repres	sentative				Date			
Gregory Leonard		resident ————			01/26/202	4		
Signature of Officer/Authorized Reg	presentative							
	-							

MAIL TO:

**Division of Business Services** 

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

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

## KIRKBRAE COUNTRY CLUB ID #27571 ADDITIONAL DIRECTORS (2024)

Jane Byrne 12 Ridgeland Drive Cumberland, RI 02864

Joseph Domingo 40 Greenwood Lane Smithfield, RI 02917

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

William Graves 48 Pass Farm Road Attleboro, MA 02703

Jon Rocco McCann 77 Scarborough Road Cumberland, RI 02864

Robert Richardson 2 Valley View Drive North Smithfield, RI 02896

Ronald Tateosian, Sr. 21 Natick Circle Cranston, RI 02921

Gerald Traficante 7 Tanglewood Drive Greenville, RI 02828