ANNUAL REPORT

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION Taxpayer Services - Charter Division P.O. Box 17052, BALTIMORE, MARYLAND 21297-1052

	Type of Business	Dept. ID Prefix	Filing Fee	Type of Business	Dept. ID Prefix	Filing Fee
	Domestic Stock Corporation	(D)	\$300	Domestic Limited Liability Company	(W)	\$300
	Foreign Stock Corporation	(F)	\$300	Foreign Limited Liability Company	(Z)	\$300
V	Domestic Non-Stock Corporation	(D)	-0-	Domestic Limited Partnership	(M)	\$300
	Foreign Non-Stock Corporation	(F)	-0-	Foreign Limited Partnership	(P)	\$300
	Foreign Insurance Corporation	(F)	\$300	Domestic Limited Liability Partnership	(A)	\$300
	Foreign Interstate Corporation	(F)	-0-	Foreign Limited Liability Partnership	(E)	\$300
	SDAT Certified Family Farm	(A,D,M,W)	\$100	Domestic Statutory Trust	(B)	\$300
	Real Estate Investment Trust	(D)	\$300	Foreign Statutory Trust	(S)	\$300

2020 Form 1

Due April 15th Date Received by Department

07/15/2020

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Name of Business: FRIENDS C	OF CABIN JOHN CREEK, I	INC.			
Mailing Address:	8210 POSTOAK RD				
Address has been changed.	POTOMAC MD 20854-3476				
Department ID Number: D15 0)25190				
Federal Employee Identificatio	n Number:				
State of Incorporation/Format	ion: MD	Date of Incorporati	Date of Incorporation/Formation: 10/15/2012		
Federal Principal Business Cod	le:				
Nature of Business:					
Trading As Name:					
Email Address: DAN.KULPINS	KI@GMAIL.COM				
SECTION II					
A. Corporate Officers					
	ce President:	Secretary:	Treasurer:		
PHILIP GRAY 7821 ARCHBOLD TERRACE			DANIEL KULPINSKI 10603 MUIRFIELD DRIVE		
CABIN JOHN MD 20818			POTOMAC MD 20854		
B. Directors					
MICHAEL NORTHRIDGE		PETER BROSS			
ROY SEIDENSTEIN		DON LIBES			
JON PUTNAM		DOUGLAS HOLY			
SANDY LADEN					
Total Number of Directors: 9		Total Number of Female Directors: 1			

CHANGING Maryland for the Better

MARYLAND STATE DEPARTMENT OF ASSESSMENTS & TAXATION

Department ID Number: D15025190		2020 Form 1 Annual Report
SECTION III		
A. Does the business own, lease, or use persona	YES NO	
B. Does the business require or maintain a trade local unit of government?	YES NO	
C. Did the business have gross sales in Maryland Total or amount of business transacted in Ma	YES NO	
D. Did the entity dispose, sell, or transfer ALL of January 1?	☐YES 🗾 NO	
SECTION IV		
By signing this form below, you declare, under the of the Annotated Code of Maryland, that this Ann statements, has been examined by you and, to the Annual Report for the Entity listed in Section I.	ual Report, including any accompanying form	s, schedules, and/or
A. Corporate Officer or Principal of Entity		
Mailing Address:	Date: 07/15/2020	
Email: DAN.KULPINSKI@GMAIL.COM	Phone: 301-758-9874	
B. Firm or Individual, other than taxpayer, pre	paring this Annual Report/Personal Prope	rty Tax Return
Name:	Date:	
Mailing Address:		
Email:	Phone:	
Manage Control of the	CLIANICINIC 301 West Preston Street Baltimore	M 01001 000-