



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3610

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 117507		2. Name of Corporation WINDEL GOLF ENTERPRISES INC.			
3. Street Address Principal Business Office PO BOX 273			City HARMONY	State RI	Zip 02829
4. Business Phone No. 401-949-5024		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Deal with golf carts, golf equipment, golf supplies, and any and all related goods, deal in and with golf courses of every nature.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EDWARD DELFINO			Vice President Name N/A		
Street Address PO BOX 273			Street Address		
City HARMONY	State RI	Zip 02829	City	State	Zip
Secretary Name FRANK E. WINGATE			Treasurer Name FRANK E. WINGATE		
Street Address PO BOX 273			Street Address PO BOX 273		
City HARMONY	State RI	Zip 02829	City HARMONY	State RI	Zip 02829
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5000	COMM	\$1.00	100	COMM	\$1.00

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 SECRETARY OF STATE
 CORPORATIONS DIVISION
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Frank E Wingate 2/20/08
 Signature Date
FRANK E WINGATE
 Print or Type Name
TREASURER
 Title

File Date	FILED
Check No.	FEB 28 2008
By:	DS 1123
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