

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008 401.222.3 Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-6-94, 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.

| 1. Corporate ID No. 102771 | 2. Name of Corporation United States College Golf Hall of Fame | | | | | | |
|--|--|---|---------------------------------|------------------|--|-----------------------------------|--|
| 3. State of Incorporation | | Rhode Island - Street Address | | | | | |
| Rhode Island | 42 Bel Ai | | | City | | Zip | |
| | <u> </u> | I. DITAE | | Prov | ridence | 02911-3167 | |
| 5. Foreign corporation. Enter prin | cipal office address | | City | State | | Zip | |
| | | | | <u>-</u> | - | | |
| 6. Brief Description of the character | | | | | | | |
| United States | collegegol | fers who have | excelled in gol | f. | | | |
| | | | ter i se <u>tti</u> se si sette | | | | |
| 7- NAMES AND ADDRESSES | MENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | |
| President Name | Vice President Name | | | | | | |
| Louis Santiano | | | Elaine Santiano | | | | |
| Street Address | | | Street Address | | | | |
| | 42 Bel Air Drive | | | 42 Bel Air Drive | | | |
| Frovidence | R.I. | ^z ₉ 02911-3167 | Providence | State | πr | Zip | |
| | | 05754-7107 | FIOATGENCE | i | K. | 02911-3167 | |
| Secretary: Name Mark Santkano | | | Treasurer Name | | | | |
| · · · · · · · · · · · · · · · · · · · | | | Michael Santh | ano | | | |
| Street Address | | | Street Address | | | | |
| 42 Bel Air Dr | ive | | 42 Bel Air Dr | ive | | | |
| City | State | Zip | City | State | | Zip | |
| Providence | R.I. | 02911-3167 | Providence | R.I | . | 02911-3167 | |
| 8. NAMES AND ADDRESSES | OF THE DIRECTO | RS: ("X" BOX FOR ATTAC | HMENT) FILL IN SPACES | BEFORE USI | NG ATTACH | MENTS | |
| THE NUMBER OF DIRECTO | RS OF A DOMESTI | C (RHODE ISLAND) (| ORPORATION SHALL NOT | BE LESS TH | AN THREE | (3). R.I.G.T. 7-6-23 | |
| Director Name | | | Director Name | | | | |
| Douis Santiano | | | Elaine Santiano | | | | |
| Street Address | | | Street Address | | | | |
| 42 Bel Air Drive | | | 42 Bel Air Drive | | | | |
| City | State | Zip | City | State | | 71. | |
| Providence | R.I. | 02911-3167 | Providence | R.I | | <i>zip</i> 02911 – 3167 | |
| Director Name | <u> </u> | 1 - 7 - 7 - 9 - 9 | Director Name | 41 # 1 | <u>* </u> | 05 211-2101 | |
| Mark Santiano | | | Michael Santiano | | | | |
| Street Address | | | | auo. | | | |
| | | | Street Address | | | | |
| 42 Bel Air Drive Giv State Zio | | | 42 Bel Air Drive | | | | |
| - · · | | Zip | City | State | Ī | Zip | |
| Providence 9. REGISTERED AGENT IN I | R.I. | 02911-3167 | Providence | R.I | , <u>I</u> | 02911-3167 | |
| S. M. MOLINIER AGENT IN | CHODE ISLAMO - D | O NOI ALIER - Chang | | 41 - R.I.G.L | 7-6-13 / 7-6 | 5-78 | |
| Agent Name Louis Santitano | | | Address | | | | |
| | , | | | | | | |
| Address | | | City | Zip | | | |
| 42 Bel Air Drive | | | Providence | | 02911-3167 | | |
| This report must be | ne signed by either t | he President Vice Desail | dent Secretary Assistant Sec | ~ ~ ~ | | | |
| ima iopoit must t | ve argula by citici (| HO ELOMUCHI, VICE PTESH | ucht occieiaiv. Assisiani Sec | reratu ireaci | iter Paraivai | COT Transcens | |

| A-00000000 | | 24. Sec. 1 |
|---------------------------------|---|-----------------------------|
| | Under penalty of perjury, I declare and affirm | hat I have examined this |
| | report, including any accompanying schedules as | nd statements, and that all |
| FILED | statements contained herein are true and correct. | 75-21-08 |
| Check No. MAY 22 2008 | Signature of Officer | Date |
| By \\\o | Louis Santiano Print or Type Name of Officer | |
| FOR SECRETARY OF STATE USE ONLY | President Title of Officer | |
| | Time of Officer | Form 631 Rev. 12/06 |