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
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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.	2. Name of Corporation			
155858	Celestial Golf, Inc			
3. Street Address Principal Business Office		City	State	Zip
2861 Flat River Rd.		Coventry	RI	02816
4. Business Phone No.	5. State of Incorporation			
(401)397-9764	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island

MFG. golf clubs

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Joseph K Richard Jr	Margaret J Richard
Street Address: 49 Franklin Rd	Street Address: 49 Franklin Rd
City: Foster State: RI Zip: 02825	City: Foster State: RI Zip: 02825
Secretary Name: Margaret J Richard	Treasurer Name: Joseph K Richard Jr
Street Address: 49 Franklin Rd	Street Address: 49 Franklin Rd
City: Foster State: RI Zip: 02825	City: Foster State: RI Zip: 02825

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
None	None
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address: None	None
City State Zip	City State Zip

9. SHARES AUTHORIZED

1,000,000comm $.001 par value

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100,000	commom	$.-001

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.

[redacted]

FILED

File Date FEB 20 2009

Check No. By 2919

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature Margaret J Richard *Date* 2-18-09

Print or Type Name Margaret J. Richard

Title Vice Pres.

Form 630 Rev. 08/08