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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
32716	Northeast Golf Sales, Inc.

3. Street Address Principal Business Office	City	State	Zip
1050 Main Street	East Greenwich	RI	02818

4. Business Phone No.	5. State of Incorporation
401-884-1033	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Conduct business of golf and other sports equipment sales

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

President Name	Street Address	City	State	Zip
Frank M. Maio	16 NORTHUP PLAT ROAD	COVENTRY,	RI	02816

Vice President Name	Street Address	City	State	Zip
Alan Palumbo	20 Maid Marion Lane	West Warwick	RI	02893

Secretary Name	Street Address	City	State	Zip
John R. Maio	168 Harmon Avenue	CRANSTON	RI	02910

Treasurer Name	Street Address	City	State	Zip
Frank M. Maio	105 Westfield Drive	East Greenwich	R	02818

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

Director Name	Street Address	City	State	Zip
Frank M. Maio	16 NORTHUP PLAT ROAD	COVENTRY	RI	02816

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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	Common	None

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]

[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 *Date*

Frank M. Maio
Print or Type Name

[redacted] President
Title

File Date 2-26-09
Check No. 13183
By: mmc
FOR SECRETARY OF STATE USE ONLY

31450-99-352898

Form 630 Rev. 08/08