

99255

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

Providence, RI 029

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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.

Permitty jee of 425.001				······································		
1. Corporate ID No.	2. Name of Corp	oration				
99255	GOLF FOU	GOLF FOUNDATION OF RHODE ISLAND				
3. State of Incorporation	4. Corporate ada	dress in Rhode Island - Street A	ddress	City	Zip	
RHODE ISLAND	ONE BUTTON HOLE DRIVE			PROVIDENCE	02909	
Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the chara						
TO PROVIDE ACCESS	S, AWARENESS A	AND EDUCATION CON	CERNING THE GAME OF GO	LF		
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPACE	ES BEFORE USING ATTAC	HMENTS	
President Name			Vice President Name			
WILLIAM J. DESSEL			N/A			
Street Address			Street Address			
22 FESSENDEN ROA	AD					
City	State	Zip	Сиу	State	Zip	
BARRINGTON	RI	02806				
Secretary Name			Treusurer Name			
DARREN CORRENTE, ESQ.			JEFFREY A. BARBA			
Street Address 226 S. MAIN STREET			Street Address 144 WESTMINSTER STREET			
City	State	Ζip	City	State	Zip	
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903	
		•	ATTACHMENT) FILL IN SPAC	•	CHMENTS	
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL N</u>	OT BE LESS THAN THRE	E (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
KARL AUGENSTEIN			NANCY CHAFFEE			
Street Address			Street Address			
1533 CHALKSTONE AVENUE			27 BAGY WRINKLE COVE			
City	State	Zip	City	State	Zip	
PROVIDENCE	RI	02909	WARREN	RI	02885	
Director Name		1	Director Name	I * **		
GREGORY L. BENIK	K, ESQ.		JOHN W. CLEGG			
Street Address			Street Address			
931 JEFFERSON BLVD., SUITE 2008			1130 TEN ROD ROAD, SUITE F201			
City	State	Zip	City	State	Zip	
WARWICK	RI	02886	N. KINGSTOWN	RI	02852	
9. REGISTERED AGENT	•	•		•	•	
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I his information is curre	nny or record in th	ie Office of the Secretary	of State. Changes require filing of	rorm 041 - K.I.G.L. /-0-13	// /-O- / &	
This report	must be signed by	either the President, Vi	ce President, Secretary, Assistan	t Secretary, Treasurer, Rec	eiver or Trustee	

		Under penalty of perjury, I declare and affirm tha report, including any accompanying schedule and
Part Section		statements contained herein are true and correct.
File Date	(0)	W 2 W
Check No. JUN 1 0 2009	60:1 NG 01 HUL	Signature of Officer
Check No. JUN 1 0 ZIII 9		WILIAM J. DESSELL
By 091711		Print or Type Name of Officer
		PRESIDENT
FOR SECRETARY OF STATE USE ONLY		Title of Officer

t I have examined this statements, and that all