

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 2012

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(co | | | • | | | |
|--------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------|------------------------------------------------|-----------------------------------------|------------------------------|--|
| 1. Corporate ID No. 486600 | 2. Name of Corporation Golfing With Kim, INC. | | | | | |
| 3. Street Address Principal Business Office 45 Verdant Lane | | | City Warwick | State RI | <i>Ζψ</i> 0286 | |
| 4. Business Phone No. 5. State of Incorp. 401.738.4800 Rhode Islan | | | | | 0200 | |
| Brief Description of the Cha | tracter of Business Conduc | | | | | |
| RETAIL CASUAL FUI NAMES AND ADDRI | | CFRS: ("Y" ROY FOR | ATTACHMENT) [] FILL IN | CDA CTIO DEPOND TOTAL | | |
| емаені пате | | CDMS. (A BOATON A | Vice President Name | SPACES BEFORE USING | ATTACHMENTS | |
| Peter A. Koch Street Address | | | None | | | |
| 45 Verdant Lane | | | Street Address | | | |
| _{ty} V arwick | State RI | ^{Zip} 02886 | City | State | Zip | |
| Secretary Name Peter A. Koch | | | Treasurer Name Peter A. Koch | | | |
| Street Address 45 Verdant Lane | | | Street Address | | | |
| Ty | | | | 45 Verdant Lane City State Zib | | |
| Varwick | RI | 02886 | Warwick | State RI | 02886 | |
| NAMES AND ADDRE | SSES OF THE DIRE | CTORS: ("X" BOX FOR | ATTACHMENT) FILL I | N SPACES BEFORE USIN | G ATTACHMENTS | |
| treet Address | | | Street Address | | | |
| t); | State | Zip | City | To | | |
| ******************************* | | | 0.1.y | State | Ζίρ | |
| rector Name | | | Director Name | *************************************** | •••••• | |
| reel Address | | | Street Address | | | |
| 'y | State | Zip | City | State | Zip | |
| SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | | |
| UTHORIZED SHARES lumber of Shares Class/Series Par Value | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | |
| | | Number of Shares | Class/Series | Par Value | | |
| 1000 Common No Par Value | | | 500 | Common | No Par Value | |
| <u> </u> | | | | | | |
| ns report must be exect is report must be exect | cuted on behalf of th uted on behalf of the | e corporation by an author corporation by the recei | orized representative. If the | corporation is in the hands | of a receiver or truster | |
| | | -ron of the teeel | | | | |
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| | | | Under penalty of | perjury, I declare and affirm to | hat I have examined this re | |
| E | ILED | | / including any acc contained herein a | ompanying schedules and da | tements, and that all states | |
| le Date | | | \ /tti | i li de | ~ 1/13/12 | |
| JAN | 1 7 2012 | | Signature | | Date | |
| heck No | mne | <u> </u> | Peter A. Ko | | | |
| · | 105 | | Print or Type Name | e | | |
| FOR SECRETARY (| OF STATE USE ONLY | | President | | | |
| <u> </u> | | | Title | | Form 630 Rev. 12/0 | |