



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 31195		2. Exact name of the Corporation Rhode Island Women's Golf Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Interest and friendly competition in the game of golf for women.			
5. Principal office address 8 Casey Drive			City Middletown	State RI	Zip 02842
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Judy Davis			Vice-President Name Nancy Chaffee		
Street Address 26 Larchwood Drive			Street Address 27 Bagy Wrinkle Cove		
City Rumford	State RI	Zip 02916	City Warren	State RI	Zip 02885
Secretary Name - Recording Jessica Brier			Treasurer Name Dorothea Maher		
Street Address 2 Oyster Point			Street Address 8 Casey Drive		
City Warren	State RI	Zip 02885	City Middletown	State RI	Zip 02842
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Judy Davis			Director Name Dorothea Maher		
Street Address 26 Larchwood Drive			Street Address 8 Casey Drive		
City Rumford	State RI	Zip 02916	City Middletown	State RI	Zip 02842
Director Name Nancy Chaffee			Director Name		
Street Address 27 Bagy Wrinkle Cove			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

JUN 26 2013

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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.

Dorothea Maher
 Signature of Officer _____ Date _____

Dorothea Maher

Print or Type Name of Officer

Treasurer

Title of Officer

Attachment to Annual Report

Rhode Island Women's Golf Association
Corporate ID 31195

Corresponding Secretary:

Paula Ruggiero
One Nyatt Pt. Ct.
Barrington, RI 02806

FILED

JUN 26 2013

BY 31195