



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 82745		2. Exact name of the Corporation Ocean State Women's Golf Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Promote friendly golf competition and hold tournaments with net proceeds earmarked for scholarships to junior female golfers in Rhode Island.			
5. Principal office address 42 Donna Drive (PO Box 597)		City Portsmouth	State RI	Zip 02871	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jackie Booth			Vice-President Name Patricia Dickson		
Street Address 34 Rosa Rd.			Street Address 2 Pettee Avenue		
City Middletown	State RI	Zip 02842	City No. Kingstown	State RI	Zip 02852
Secretary Name Elizabeth Duquay			Treasurer Name Luanne Gogins		
Street Address 7 Davis Court			Street Address 4510 Old Post Rd. (PO Box 1031)		
City Newport	State RI	Zip 02840	City Charlestown	State RI	Zip 02813
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 Trudy Dufault			Director Name Jennifer Moretti		
Street Address 42 Donna Drive			Street Address 143 Pequot Trail		
City Newport	State RI	Zip 02813	City East Greenwich	State RI	Zip 02818
Director Name Chris Trenholme			Director Name Mary Ann MacLaughlin		
Street Address 30 Robin Dr.			Street Address 689 Hamilton-Allenton Rd.		
City Tiverton	State RI	Zip 02878	City No. Kingstown	State RI	Zip 02852
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 03 2014

208

BY

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.

Luanne Gogins 6/2/14
 Signature of Officer or Authorized Representative Date

Luanne Gogins
 Print or Type Name of Officer or Authorized Representative