



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000068275

2. Name of Corporation Atlantic Golf Centers, Ltd.

3. Street Address Principal Business Office:

No. and Street: 754 NEWPORT AVENUE

City or Town: ATTLEBORO

State: MA

Zip: 02703

Country: USA

4. Business Phone No.

5087615484

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

TO OWN, DEVELOP, MANAGE, OPERATE,& MAINTAIN REAL & PERSONAL PROPERTY
& GOLF FACILITIES OF EVERY KIND.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANTHONY R RONGIONE	6769 ROTHSCHILD CIRCLE LAKE WORTH, FL 33467 USA
TREASURER	ROBERT J RONGIONE	7789 PINE ISLAND WAY WEST PALM BEACH, FL 33411 USA
SECRETARY	ROBERT J RONGIONE	7789 PINE ISLAND WAY WEST PALM BEACH, FL 33411 USA
OTHER OFFICER	ATLANTIC GOLF CENTER	754 NEWPORT AVE

		ATTLEBORO, MA 02703 UNI
DIRECTOR	ANTHONY R RONGIONE	6769 ROTHSCHILD CIRCLE LAKE WORTH, FL 33467 USA
DIRECTOR	ROBERT J RONGIONE	7789 PINE ISLAND WAY WEST PALM BEACH, FL 33411 USA
DIRECTOR	STEPHEN J OLSON	12 BREAKNECK HILL RD SUITE 100 LINCOLN, RI 02865 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	2,000.00	2000

9. 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.

Signed this 22 Day of January, 2016 at 11:42:58 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ANTHONY RONGIONE
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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