



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

Fee: \$20.00

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

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000101169

2. Name of Corporation Brad Faxon Junior Golf Foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 409 NAYATT RD

City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROVIDING CLINICS IN THE MECHANICS OF GOLF TO INTERESTED YOUTH WHO, DUE TO ECONOMIC CIRCUMSTANCES, WOULD OTHERWISE NOT HAVE THE OPPORTUNITY TO RECEIVE TRAINING OF THE SORT PROVIDED IN SUCH CLINICS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
TREASURER	DAVID W. PICCERELLI	409 NAYATT RD. BARRINGTON, RI 02806 USA
PRESIDENT	MARK D PICCERELLI	22 HANSON ROAD

		BARRINGTON, RI 02806- USA
DIRECTOR	BRADFORD J FAXON	85 NAYATT ROAD BARRINGTON, RI 02806 USA
DIRECTOR	PETER BROOME	49 JENNY'S LANE BARRINGTON, RI 02806 USA
DIRECTOR	KYLE PHELPS	150 NAYATT RD. BARRINGTON, RI 02806 USA
DIRECTOR	DORY FAXON	85 NAYATT RD. BARRINGTON, RI 02806 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DAVID W. PICCERELLI 409 NAYATT ROAD BARRINGTON , RI 02806

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of June, 2016 at 10:57:14 AM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By DAVID W. PICCERELLI
Signature of Authorized Person

Form No. 631
Revised 09/07

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