RI SOS Filing Number: 201699966350 Date: 06/06/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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: 2016
Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
82745	Ocean State Women's Golf Association
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Promote friendly golf competition and hold tournaments w/th net proceeds earmarked for scholarships to junior female golfers in RI

5. Principal Office Address	City	State	Zip
42 Donna Dr. (PO Box 597)	Portsmouth	RI	02871

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Patricia Dickson	Carolyn Brown
Street Address: 2 Pettee Avenue	Street Address: 34 Old Coach Rd
City: No. Kingstown; State: RI; Zip: 02852	City: Charlestown; State: RI; Zip: 02813
Secretary Name: Elizabeth Duguay	Treasurer Name: Luanne Googins
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). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name	Director Name
Trudy Dufault	Erin Mernick
Street Address: 42 Donna Dr.	Street Address: 31 Rockland Rd.
City: Portsmouth; State: RI; Zip: 02871	City: No. Scituate; State: RI; Zip: 02857
Director Name: Mary Ann MacLaughlin	Director Name: Chris Trenholme
Street Address: 689 Hamilton-Allenton Rd.	Street Address: 30 Robin Dr.
City: No. Kingstown; State: RI; Zip: 02852	City: Tiverton; State: RI; Zip: 02878

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Luanne Googins	6/6/16

Signature of Officer/Authorized Representative: Luanne Googins

FILED
JUN 06 2016
BY 3050

Form No. 631
Revised 2016
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