RI SOS Filing Number: 201602644360 Date: 07/28/2016 3:24 PM

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. 000088103

2. Name of Corporation The Rhode Island Golf Course Superintendents' Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 36 ELISHA MATHEWSON ROAD
City or Town: NORTH SCITUATE State: RI Zip: 02857 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

TO PROVIDE FOR AND ENHANCE THE RECOGNITION OF GOLF COURSE SUPERINTENDENTS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	WILLIAM J COULTER CGCS	116 EAGLE ROAD CRANSTON, RI 02920 USA
TREASURER	DEAN CHASE	65 CAMARA DRIVE PORTSMOUTH, RI 02871 USA

SECRETARY	CHRISTOPHER COEN	264 HARRISON AVENUE NEWPORT, RI 02840 USA
VICE PRESIDENT	ANDREW CUMMINS	AGAWAM HUNT, 15 ROGER WILLIAMS AVE RUMFORD, RI 02916 USA
DIRECTOR	JAMES RITORTO	LAKE OF ISLES,1 CLUBHOUSE DRIVE NORTH STONINGTON, CT 06359 USA
DIRECTOR	PATRICK HOGAN	PO BOX 29 SLOCUM, RI 02877 USA
DIRECTOR	MICHAEL WHITEHEAD CGCS	45 TRYON AVENUE RUMFORD, RI 02916 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

JULIE HESTON 36 ELISHA MATHEWSON ROAD NORTH SCITUATE , RI 02857

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

Signed this 28 Day of July, 2016 at 3:25:33 PM 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 WILLIAM J COULTER
Signature of Authorized Person

Form No. 631
Revised 09/07

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