



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. 000555271

2. Name of Corporation Safe Harbour Golf Charity

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 31 ENZO DRIVE

City or Town: COVENTRY

State: RI

Zip: 02816

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

INSTRUCT AND ENCOURAGE THOSE WITH LIMITATIONS TO LEARN OR RE-LEARN
THE GAME OF GOLF AND ANY OTHER RELATED CHARTIABLE PURPOSE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL M HARBOUR	31 ENZO DRIVE COVENTRY, RI 02816 USA
DIRECTOR	PATRICIA A HARBOUR	31 ENZO DRIVE COVENTRY, RI 02816 USA

DIRECTOR	ANTHONY R. LEONE II	1345 JEFFERSON BOULEVARD WARWICK, RI 02886 USA
DIRECTOR	TRICIA L. HUNT	55 CROMPTON AVE. WEST WARWICK, RI 02893 USA
DIRECTOR	DANIEL W. CLAWSON	176 BUTERNUT DRIVE NORTH KINGSTOWN, RI 02852 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**

MICHAEL M. HARBOUR 31 ENZO DRIVE COVENTRY , RI 02816

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

Signed this 12 Day of August, 2016 at 2:28:53 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 MICHAEL M. HARBOUR
Signature of Authorized Person

Form No. 631
Revised 09/07

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