



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
R.I. DEPT. OF STATE
2017 FEB 17 PM 1:26

1. Entity ID Number 790874		2. Exact name of the Corporation SPARGO GOLF CUSTOM CLUBFITTING CENTER INC.			
3. Principal Office Address 1000 New London Avenue		City Cranston		State RI	Zip 02920
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Custom Clubfitter			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas M. Spargo			Vice-President Name		
Street Address 1000 New London Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Gary R. Pannone			Treasurer Name Thomas M. Spargo		
Street Address 317 Iron Horse Way, Suite 301			Street Address 1000 New London Avenue		
City Providence	State RI	Zip 02908	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas M. Spargo			Director Name		
Street Address 1000 New London Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
NUMBER OF SHARES			CLASS/SERIES		PAR VALUE
100			common		\$0.01
11. 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.					
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.					
Name of Authorized Representative Thomas M. Spargo					Date 2/1/17
Signature of Authorized Representative 					
SIGN DOCUMENT HERE FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 17 2017

By **296076**

FORM 630 - Revised: 10/2016