



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 82745		2. Exact name of the Corporation Ocean State Women's Golf Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Promote friendly golf competition and hold tournaments with net proceeds earmarked for scholarships to junior female golfers in Rhode Island			
4. NAICS Code 81					
6. Principal Office Address 42 Donna Drive (PO Box 597)			City Portsmouth	State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patricia Dickson			Vice-President Name Carolyn Brown		
Street Address 2 Petee Avenue			Street Address 24 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
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Trudy Dufault			Director Name Erin Mernick		
Street Address 42 Donna Drive			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
9. 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 Luanne Googins				Date 6/13/17	
Signature of Officer/Authorized Representative <i>Luanne Googins</i>					

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

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JUN 14 2017

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