



**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: 2017

1. Corporate ID No. 001663359

2. Name of Corporation Full Swing Golf RI

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813990

4. Corporate Address in Rhode Island

No. and Street: 1130 TEN ROAD ROAD, STE F103

City or Town: NORTH KINGSTOWN

State: RI Zip: 02852 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

THE PURPOSE OF FULL SWING GOLF RI IS TO PARTNER CHILDREN WITH PHYSICAL NEEDS WITH GOLF PROFESSIONALS AND PHYSICAL THERAPISTS TO TEACH THEM THE GAME OF GOLF. CHILDREN LEARN THE MECHANICS RELATED TO THEIR CHALLENGES AND THE CORRECT APPROACH FOR THEM. THE PURPOSE IS TO OVERCOME SOCIAL STIGMAS, BUILD CONFIDENCE, AND PROVIDE A THERAPEUTIC AND RECREATIONAL OUTLET FOR CHILDREN WITH DISABILITIES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
INCORPORATOR	PAULA F. KLENIEWSKI	12 BAY VISTA PLACE WARWICK, RI 02886 USA
DIRECTOR	PAULA F. KLENIEWSKI	12 BAY VISTA PLACE WARWICK, RI 02886 USA
DIRECTOR	PAUL F. KLENIEWSKI	12 BAY VISTA PLACE WARWICK, RI 02886 USA
DIRECTOR	ELISA A. POULIOT	5 WILOGREEN ROAD NATICK, MA 01760 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**

PAULA F. KLENIEWSKI 1130 TEN ROD ROAD, STE F103 NORTH KINGSTOWN , RI 02852

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 June, 2017 at 10:08:10 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 PAULA KLENIEWSKI
Signature of Authorized Person

Form No. 631
Revised 09/07