



**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:** 2018

**1. Corporate ID No.** 000538517

**2. Name of Corporation** The R.I. State Seniors' Golf Association, Inc.

**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   
813410

**4. Corporate Address in Rhode Island**

No. and Street: 27 BAGY WRINKLE COVE  
City or Town: WARREN State: RI Zip: 02885 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 ENCOURAGE FRIENDLY COMPETITION IN THE GAME OF GOLF AMONG SENIOR PLAYERS IN THE STATE OF RHODE ISLAND

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
SECRETARY	DAVID S. CHAFFEE	27 BAGY WRINKLE COVE WARREN, RI 02885 USA
PRESIDENT	TED COOGAN	20 NEWMAN AVE RUMFORD, RI 02914 USA
VICE PRESIDENT	DENNIS BALUCH	24 KIRKBRAE AVE LINCOLN, RI 02865 USA
DIRECTOR	BRADFORD R. BELLOWS	22 NICHOLAS DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	ROBERT CLIFFORD	32 BAGY WRINKLE WARREN, RI 02885 USA
DIRECTOR	JOSEPH F. SHERER	18 SHERER LANE LITTLE COMPTON, RI 02837 USA
ASST SECRETARY	TOM FREDERICKS	32 OYSTER POINT WARREN, RI 02885 USA
TREASURER	JOHN S. CUMMING	17 RIVERSIDE DR BARRINGTON, RI 02806 USA
DIRECTOR	ROBERT GREENBAUM	332 COLE AVE PROVIDENCE, RI 02906 USA
DIRECTOR	KEN MACNAUGHT	960 BUTTONWOODS AVE WARWICK, RI 02886 USA
DIRECTOR	JOHN MAHONEY	471 OCEAN RD NARRAGANSETT, RI 02882 USA
DIRECTOR	TOM GORYL	10 HOLLOW RIDGE RD RUMFORD, RI 02916 USA
DIRECTOR	STEPHEN ROOKS	62 WESTFORD ROAD PROVIDENCE, RI 02901 USA
DIRECTOR	DENNIS THIBEAULT	240 NARRAGANSETT AVENUE WARWICK, RI 02889 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**

JOHN J. PARTRIDGE, ESQ. 40 WESTMINSTER STREET, SUITE 1100 PROVIDENCE , RI 02903

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

**Signed this 5 Day of June, 2018 at 10:45:53 AM 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 JOHN CUMMING  
Signature of Authorized Person

Revised 09/07

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