



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. 000088103

2. Name of Corporation The Rhode Island Golf Course Superintendents' Association

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

6

813920

4. Corporate Address in Rhode Island

No. and Street: 36 ELISHA MATHEWSON ROAD

City or Town: NORTH SCITUATE

State: RI Zip: 02857 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 PROVIDE FOR AND ENHANCE THE RECOGNITION OF GOLF COURSE
SUPERINTENDENTS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	CHRISTOPHER COEN	264 HARRISON AVENUE NEWPORT, RI 02840 USA
TREASURER	MICHAEL VARKONYI	20 LONG COURT CRANSTON, RI 02920 USA
SECRETARY	SCOTT GABRIELSON CGCS	36 FORBES STREET WARWICK, RI 02886 USA
VICE PRESIDENT	JAMES RITORTO	LAKE OF ISLES, 1 CLUBHOUSE DRIVE NORTH STONINGTON, CT 06359 USA
DIRECTOR	PATRICK HOGAN	PO BOX 29 SLOCUM, RI 02877 USA
DIRECTOR	JOHN LOMBARDI	105 LOMBARDI LANE WEST WARWICK, RI 02893 USA
DIRECTOR	ANDREW CUMMINS	64 OLD HICKORY ROAD LANCASTER, MA 01523 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**

JULIE HESTON 36 ELISHA MATHEWSON ROAD NORTH SCITUATE , RI 02857

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

Signed this 27 Day of July, 2018 at 12:10:36 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 VARKONYI
Signature of Authorized Person

Form No. 631
Revised 09/07