RI SOS Filing Number: 201876054810 Date: 8/27/2018 3:15:00 PM



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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

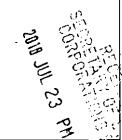
Annual Report for the year: 2017

Non-Profit Corporation

→ Filing period: June 1 - June 30

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→ Penalty: Additional \$25.00 fee if form is not filed by July 30. 2. Exact name of the Corporation 1. Entity ID Number LEONARD E. WALKER, SR. GOLF TOURNAMENT 959409 5. Brief description of the character of business conducted in Rhode Island 3. State of Incorporation PROVIDE SCHOLSRSHIPS FOR STUDENTS RHODE ISLAND 4. NAICS Code 611310 - Colleges, Universities, a State Zip City 6. Principal Office Address 02905-3813 69 ARNOLD AVENUE **CRANSTON** RI Check the box to indicate an attachment [7. List ALL officers (names and addresses) Vice-President Name FRANK R. WALKER, III President Name LEONARD E. WALKER, JR Street Address 20 COBBLER RD. Street Address 69 ARNOLD AVENUE ^{Zip} 02905-3813 State State MA City MANSFIELD Zip 02048. City CRANSTON RI Treasurer Name MICHELLE ANGELL Secretary Name ARLINE L. WALKER Street Address 255 PROMENADE ST. APT. 235 Street Address 112 SUTTON State RI Zip 02908 State RI Zip 02914 City PROVIDENCE City EAST PROVIDENCE 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment Director Name RENEE WALKER Director Name SARAH WALKER Street Address 4 LORING LANE Street Address 20 COBBLER RD State MA State RI ^{Zip} 02048 Zip 02904 City MANSFIELD City NORTH PROVIDENCE Director Name MARK WALKER **Director Name** Street Address Street Address 400 NARRAGANSETT PARKWAY State RI State Zip City Zip 02888 City WARWICK 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. Date Name of Officer/Authorized Representative 10/22/, 2017 LEONARD E WALKER, JR Signature of Officer/Authorized Representative SIGN DOCUMENT HERFILED

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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FORM 631 - Revised: 11/2017