



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

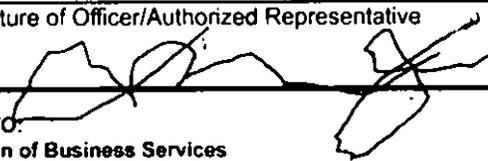
Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 959409		2. Exact name of the Corporation LEONARD E. WALKER, SR. GOLF TOURNAMENT			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PROVIDE SCHOLSRSHIPS FOR STUDENTS			
4. NAICS Code 611310 - Colleges, Universities, &					
6. Principal Office Address 69 ARNOLD AVENUE		City CRANSTON	State RI	Zip 02905-3813	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LEONARD E. WALKER, JR.			Vice-President Name FRANK R. WALKER, III		
Street Address 20 COBBLER RD.			Street Address 69 ARNOLD AVENUE		
City MANSFIELD	State MA	Zip 02048	City CRANSTON	State RI	Zip 02905-3813
Secretary Name ARLINE L. WALKER			Treasurer Name MICHELLE ANGELL		
Street Address 112 SUTTON			Street Address 255 PROMENADE ST. APT. 235		
City EAST PROVIDENCE	State RI	Zip 02914	City PROVIDENCE	State RI	Zip 02908
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 RENEE WALKER			Director Name SARAH WALKER		
Street Address 4 LORING LANE			Street Address 20 COBBLER RD.		
City NORTH PROVIDENCE	State RI	Zip 02904	City MANSFIELD	State MA	Zip 02048
Director Name MARK WALKER			Director Name		
Street Address 400 NARRAGANSETT PARKWAY			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative LEONARD E. WALKER, JR.					Date 10/22/ 2017
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE FILED

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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