

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

FILED

Annual Report for the year: 2019
 Non-Profit Corporation

JUN 06 2019

BY 341100

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

1. Entity ID Number 000082745		2. Exact name of the Corporation Ocean State Women's Golf Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Promote friendly golf competition and hold tournaments with net proceeds earmarked for scholarships to junior female golfers in Rhode Island.			
4. NAICS Code 813410					
6. Principal Office Address 42 Donna Drive (PO Box 597)			City Portsmouth	State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patricia Dickson			Vice-President Name Shirley McGuire		
Street Address 2 Pettee Avenue			Street Address 566 Whaley Hollow Rd.		
City No. Kingstown	State RI	Zip 02852	City Coventry	State RI	Zip 02816
Secretary Name Erin Mernick			Treasurer Name Luanne Gogins		
Street Address 31 Rockland Rd.			Street Address 4510 Old Post Rd (PO Box 1031)		
City No. Scituate	State RI	Zip 02857	City Charlestown	State RI	Zip 02813
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 Trudy Dufault			Director Name Peg Cherenzia		
Street Address 42 Donna Dr.			Street Address 51 Ashaway Rd.		
City Portsmouth	State RI	Zip 02871	City Westerly	State RI	Zip 02891
Director Name Mary Ann MacLaughlin			Director Name Christine Trenholme		
Street Address 689 Hamilton-Allenton Rd.			Street Address 30 Robin Dr.		
City No. Kingstown	State RI	Zip 02852	City Tiverton	State RI	Zip 02878
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 Luanne Gogins					Date 6/1/2019
Signature of Officer/Authorized Representative <i>Luanne Gogins</i>					