



**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:** 2019

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL VARKONYI	20 LONG COURT CRANSTON, RI 02920 USA
TREASURER	PETER FISH	439 IVES ROAD EAST GREENWICH, RI 02818 USA
SECRETARY	MATTHEW EMOND	13 SEAWOOD ROAD WAREHAM, MA 02571 USA
VICE PRESIDENT	JOHN LOMBARDI	105 LOMBARDI LANE WEST WARWICK, RI 02893 USA
DIRECTOR	PATRICK HOGAN	PO BOX 29 SLOCUM, RI 02877 USA
DIRECTOR	MICHELLE MALTAIS	PO BOX 63 TIVERTON, RI 02878 USA
DIRECTOR	CHRISTOPHER COEN	264 HARRISON AVENUE NEWPORT, RI 02840 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 19 Day of July, 2019 at 2:38:12 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 PETER FISH  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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