



RI SOS Filing Number: 202038112560 Date: 4/20/2020 3:28:00 PM

State of Rhode Island and Providence Plantations

R.I. DEPT. OF STATE

Department of State - Business Services Division

BUS SVCS DIV

Annual Report for the year: 2020
Non-Profit Corporation

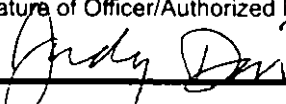
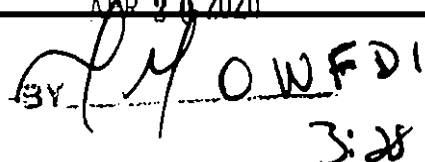
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ST-11F

→ 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 28551		2. Exact name of the Corporation RIWGA Jr. Golf and Scholarship Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A non-profit organization for the promotion of golf for young women and the awarding of scholarships for its players.			
4. NAICS Code 813410					
6. Principal Office Address 275 Angell St. # 4		City Providence		State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Judy Davis			Vice-President Name Nancy Chaffee		
Street Address 275 Angell St. #4			Street Address 27 Bagy Wrinkle Cove		
City Providence	State RI	Zip 02906	City Warren	State RI	Zip 02842
Secretary Name Gale Hanna			Treasurer Name Gale Hanna		
Street Address 10 Hammond St.			Street Address 10 Hammond St.		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
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 Judy Davis			Director Name Gale Hanna		
Street Address 275 Angell St. #4			Street Address 10 Hammond St.		
City Providence	State RI	Zip 02906	City Rumford	State RI	Zip 02916
Director Name Nancy Chaffee			Director Name		
Street Address 27 Bagy Wrinkle Cove			Street Address		
City Warren	State RI	Zip 02842	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 Judy Davis				Date 4/7/2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED APR 20 2020 	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019