



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

Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
MAY 27 2020

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1. Entity ID Number 001683072		2. Exact name of the Corporation TODD CAMPBELL, PGA, INC			
3. Principal Office Address 1000 NEW LONDON AVENUE		City CRANSTON		State RI	Zip 02920
4. NAICS Code 611620		6. Brief description of the character of business conducted in Rhode Island PROFESSIONAL GOLF INSTRUCTION AND ALL LAWFUL ANCILLARY RELATED ACTIVITIES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TODD R CAMPBELL			Vice-President Name		
Street Address 1000 NEW LONDON AVENUE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			1,000	CNP	0.0100
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative TODD CAMPBELL					Date 3/16/20
Signature of Authorized Representative TODD CAMPBELL					

MAIL TO:
Division of Business Services
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