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

FILED
JUN 08 2020
3561

Annual Report for the year: 2020
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.

1. Entity ID Number	2. Exact name of the Corporation
000082745	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	City	State	Zip
42 Donna Drive (PO Box 597)	Portsmouth	RI	02871

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Patricia Dickson	2 Pettee Ave.	No. Kingstown	RI	02852
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Carolyn Maney	36 Potters	Chepachet	RI	02814
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Barbara Sitter	147 Ricci Lane	No. Kingstown	RI	02852
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Luanne Googins	4510 Old Post Rd. (PO Box 1031)	Charlestown	RI	02813

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Trudy Dufault	42 Donna Dr.	Portsmouth	RI	02871
Director Name	**Street Address**	**City**	**State**	**Zip**
Peg Cherenzia	51 Ashaway Rd.	Westerly	RI	02891
Director Name	**Street Address**	**City**	**State**	**Zip**
Mary Ann MacLaughlin	689 Hamilton-Allenton Rd.	No. Kingstown	RI	02852
Director Name	**Street Address**	**City**	**State**	**Zip**
Christine Trenholme	30 Robin Dr.	Tiverton	RI	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.

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Luanne Googins	6/6/20

Signature of Officer/Authorized Representative: Luanne Googins

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