



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001692521

2. Name of Corporation Full-Swing Golf, inc.

3. Street Address Principal Business Office:

No. and Street: 1905 ASTON AVENUE, SUITE 100

City or Town: CARLSBAD

State: CA Zip: 92008 Country: USA

4. Business Phone No.

858-675-1100

5. State of Incorporation

State: CA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

339900

6. Brief Description of the Character of Business Conducted in Rhode Island

MANUFACTURES AND DISTRIBUTES GOLF SIMULATOR TECHNOLOGY AND EQUIPMENT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	ALISON MINTER	183 EAST PUTNAM AVENUE GREENWICH, CT 06830 USA

SECRETARY	ALYSE SKIDMORE	1905 ASTON AVENUE, #100 CARLSBAD, CA 92008 USA
CEO	RYAN DOTTERS	1905 ASTON AVENUE, #100 CARLSBAD, CA 92008 USA
VICE PRESIDENT	CHARLES F BAIRD	1905 ASTON AVENUE, #100 CARLSBAD, CA 92008 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
PWP	A	\$0.0010	400,000.00	323581
CWP	A	\$0.0010	481,750.00	36033
CWP	B	\$0.0010	10,500.00	9373

9. 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.

Signed this 14 Day of January, 2021 at 5:56:01 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By REBECCA BATES
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved