RI SOS Filing Number: 202195164680 Date: 3/29/2021 4:00:00 PM State of Rhode Island **Department of State - Business Services Division** MAR 29 2021 5T. Annual Report for the year: 2021 Corporation -> Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 1. Entity ID Number 2. Exact name of the Corporation 001683072 Todd Campbell, PGA, Inc. 3. Principal Office Address City State Zip 1000 New London Avenue Cranston 02920 RI 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island Professional golf instruction and all lawful ancillary related activities. 611620 State of Incorporation Rhode Island 7. List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name Todd R. Campbell President Name Todd R. Campbell Street Address 1000 New London Avenue Street Address 1000 New London Avenue State RI City Cranston State RI City Cranston Zip 02920 Zip 0292**0** Secretary Name Todd R. Campbell Treasurer Name Todd R. Campbell Street Address 1000 New London Avenue Street Address 1000 New London Avenue State RI State RI City Cranston Zip 02920 City Cranston Zip 02920 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name Street Address Street Address City State Zip City State Zip Director Name Director Name Street Address Street Address City State City 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES Department of State. 1.000 CNP \$0.0100 Changes require an additional filing. 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 Date Todd R. Campbell, President 03/24/2021 Signature of Authorized Representative nesdon

MAIL TO: Division of Business Services

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