



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

Annual Report for the year: 2021
Corporation

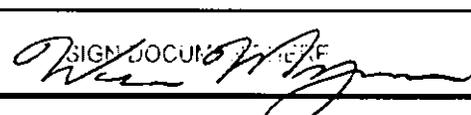
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BY

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- 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 1681641		2. Exact name of the Corporation WPM Golf, Inc.			
3. Principal Office Address 152 Browns Lane			City Middletown	State RI	Zip 02842
4. NAICS Code 451110		6. Brief description of the character of business conducted in Rhode Island Golf pro shop; resale of golf related equipment and clothing.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Maguire			Vice-President Name William Maguire		
Street Address 28 Squantum Drive			Street Address 28 Squantum Drive		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name William Maguire			Treasurer Name William Maguire		
Street Address 28 Squantum Drive			Street Address 28 Squantum Drive		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William Maguire			Director Name		
Street Address 28 Squantum Drive			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1,000		Common
					No par
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 William Maguire				Date 6/10 , 2021	
Signature of Authorized Representative 					

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