



State of Rhode Island
Office of the Secretary of State

Fee: \$20.00

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

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000030207

2. Name of Corporation RHODE ISLAND GOLF ASSOCIATION

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813910

4. Principal Office Address

No. and Street: ONE BUTTON HOLE DRIVE

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: ONE BUTTON HOLE DRIVE

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE PURPOSES OF THE CORPORATION SHALL BE (I) TO PROMOTE AND ADVANCE THE GAME OF GOLF IN THE STATE OF RHODE ISLAND THROUGH THE SPONSORSHIP OF AMATEUR GOLF TOURNAMENTS AND RELATED ACTIVITIES, AS WELL AS TO PROVIDE EDUCATIONAL OPPORTUNITIES RELATED TO THE SPORT TO ADULTS AND YOUTH; AND (II) TO CARRY ON ANY OTHER LAWFUL ACTIVITY IN SUPPORT OF AND TO BENEFIT THE ABOVE PURPOSES AS MAY BE CARRIED ON BY AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS

AMENDED, AND BY A CORPORATION UNDER THE RHODE ISLAND NONPROFIT CORPORATION ACT.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT | TOM GORYL | ONE BUTTON HOLE DRIVE PROVIDENCE, RI 02909 USA |
| TREASURER | DENNIS TRIPODI | ONE BUTTON HOLE DRIVE PROVIDENCE, RI 02909 USA |
| VICE PRESIDENT | JAKE GAFFEY | ONE BUTTON HOLE DRIVE PROVIDENCE, RI 02909 USA |
| DIRECTOR | ROBERT WARD | 1 BUTTON HOLE DRIVE PROVIDENCE, RI 02909 USA |
| DIRECTOR | STEVE SAMPSON | 1 BUTTON HOLE DRIVE PROVIDENCE, RI 02909 USA |
| DIRECTOR | KEVIN CLARY | ONE BUTTON HOLE DRIVE PROVIDENCE, RI 02909 USA |
| DIRECTOR | KEVIN MCLOUGHLIN | ONE BUTTON HOLE DRIVE PROVIDENCE, RI 02909 USA |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ROBERT WARD, JR. ONE BUTTON HOLE DRIVE PROVIDENCE , RI 02909

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

Signed this 30 Day of June, 2021 at 2:33:47 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ROBERT WARD
Signature of Authorized Person

Form No. 631
Revised 09/07