



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020

## Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 MAR -1 PM 3:07

1. Entity ID Number 001689421		2. Exact name of the Corporation Burrillville Golf Booster Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Operate for educational and charitable purposes. Will be operated to unite parents, students, faculty, alumni, and community through Golf.			
4. NAICS Code 813219					
6. Principal Office Address 425 East Ave. PO Box 221		City Harrisville		State RI	Zip 02830
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Robert L. LaFond			Vice-President Name		
Street Address 30 Manchaug St.			Street Address		
City Douglas	State MA	Zip 01516	City	State	Zip
Secretary Name			Treasurer Name Michael Boyd		
Street Address			Street Address 161 Jefferson Rd		
City	State	Zip	City Harrisville	State RI	Zip 02830
8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Michael Sendley			Director Name Craig Houle		
Street Address 600 Putnum Pike, STE 13			Street Address 136 Howard Ave.		
City Greenville	State RI	Zip 02828	City Pascoag	State RI	Zip 02859
Director Name Richard Bergin			Director Name		
Street Address 155 Steere St.			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Michael Boyd					Date 2/14/23
Signature of Officer/Authorized Representative <i>Michael Boyd</i>					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED  
MAR 01 2023  
BY IDC52  
AA. 3:09 pm

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