



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

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

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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) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert L. LaFond		Vice-President Name	
Street Address 30 Manchaug St.		Street Address	
City Douglas	State MA	City	State
Zip 01516		Zip	
Secretary Name		Treasurer Name Michael Boyd	
Street Address		Street Address 161 Jefferson Rd	
City	State	City Harrisville	State RI
Zip		Zip 02830	
8 List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Michael Sendley		Director Name Craig Houle	
Street Address 600 Putnum Pike, STE 13		Street Address 136 Howard Ave.	
City Greenville	State RI	City Pascoag	State RI
Zip 02828		Zip 02859	
Director Name Richard Bergin		Director Name	
Street Address 155 Steere St.		Street Address	
City Harrisville	State RI	City	State
Zip 02830		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 2/16/23
Signature of Officer/Authorized Representative <i>Michael Boyd</i>			

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 01 2023

BY TDC52
A.A. 3:08 pm