



State of Rhode Island
Department of State - Business Services Division

FILED
MAY 15 2023
 BY *[Signature]*

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 Rhode Island					
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 None		
Street Address 28 Squantum Drive			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	common	no par value	
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 5/10 , 2023	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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