



**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: February 1 - May 1*

*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 - ENTER THE CURRENT FILING YEAR 2023:** 2023

**1. Corporate ID No.** 001746678

**2. Name of Corporation** South Shore Golf RI Corp.

**3. State of Incorporation**

State: RI

**NAICS CODE**

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

561499

**4. Principal Office Address**

No. and Street: P.O. BOX #1299

City or Town: CHARLESTOWN

State: RI

Zip: 02813

Country: USA

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

THE PURPOSE OF THE CORPORATION IS TO OPERATE A GOLF COURSE TO  
BENEFIT TWO  
CHARITIES, SOUTH COUNTY HOSPITAL HEALTHCARE AND ST. JUDE CHILDREN'S  
RESEARCH HOSPITAL, INC., WITH ALL CHARITABLE DISTRIBUTIONS TO BE  
DIVIDED  
AND DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE  
MEANING OF  
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING

SECTION OF ANY FUTURE FEDERAL TAX CODE, AS FOLLOWS: ONE-THIRD (1/3RD) SHARE  
TO SOUTH COUNTY HOSPITAL HEALTHCARE AND TWO-THIRDS (2/3RD) SHARE TO  
ST.  
JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	LAWRENCE C. LEBLANC	P.O. BOX #1299 CHARLESTOWN, RI 02813 USA
TREASURER	JAMES R. BARROWS	12 WHITTIER DRIVE JOHNSTON, RI 02919 USA
SECRETARY	RACHEL BRASSARD	126 FESCUE LANE WAKEFIELD, RI 02879 USA
DIRECTOR	LAWRENCE C. LEBLANC	P.O. BOX #1299 CHARLESTOWN, RI 02813 USA
VICE PRESIDENT	JAMES R. BARROWS	12 WHITTIER DRIVE JOHNSTON, RI 02919 USA
DIRECTOR	JAMES R. BARROWS	12 WHITTIER DR. JOHNSTON, RI 02919 USA
DIRECTOR	RACHEL BRASSARD	126 FESCUE LN. WAKEFIELD, RI 02879 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**

STEPHEN B. KENYON 133 OLD TOWER HILL RD. SUITE ONE WAKEFIELD , RI 02879

**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 May, 2023 at 9:40:11 AM 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 LAWRENCE C. LEBLANC  
Signature of Authorized Person

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