



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

APR 18 2024

BY

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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			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 4/6, 2024	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021