



**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 YEAR 2024:** 2024

**1. Corporate ID No.** 000030207

**2. Name of Corporation** RHODE ISLAND GOLF ASSOCIATION

**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

813910

**4. Principal Office Address**

No. and Street: ONE BUTTON HOLE DRIVE

City or Town: PROVIDENCE

State: RI Zip: 02909 Country: USA

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

THE PURPOSES OF THE CORPORATION SHALL BE (I) TO PROMOTE AND ADVANCE THE GAME OF GOLF IN THE STATE OF RHODE ISLAND THROUGH THE SPONSORSHIP OF AMATEUR GOLF TOURNAMENTS AND RELATED ACTIVITIES, AS WELL AS TO PROVIDE EDUCATIONAL OPPORTUNITIES RELATED TO THE SPORT TO ADULTS AND YOUTH; AND (II) TO CARRY ON ANY OTHER LAWFUL ACTIVITY IN SUPPORT OF AND TO BENEFIT THE ABOVE PURPOSES AS MAY BE CARRIED ON BY AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND BY A CORPORATION UNDER THE

RHODE ISLAND NONPROFIT CORPORATION ACT.

**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.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|--|--|
| PRESIDENT | GEORGE GOODING                                 | ONE BUTTON HOLE DRIVE<br>PROVIDENCE, RI 02909 USA          |
| TREASURER | DENNIS TRIPODI                                 | ONE BUTTON HOLE DRIVE<br>PROVIDENCE, RI 02909 USA          |
| DIRECTOR  | ROBERT WARD                                    | 1 BUTTON HOLE DRIVE<br>PROVIDENCE, RI 02909 USA            |
| DIRECTOR  | JAKE GAFFEY                                    | ONE BUTTON HOLE DRIVE<br>PROVIDENCE, RI 02909 USA          |
| DIRECTOR  | EJ WHOLEY                                      | ONE BUTTON HOLE DRIVE<br>PROVIDENCE, RI 02909 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**

ROBERT WARD, JR. ONE BUTTON HOLE DRIVE PROVIDENCE , RI 02909

**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 April, 2024 at 10:38:28 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 ROBERT WARD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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