Department of								
Annual Report for the Corporation	year:	2017						
→ Filing period: January	1 - March	1						
→ Filing Fee: \$50.00	· maron	•						
—>Penalty: Additional \$	25 00 foo	if form in	not filed by A	auil 1				
— Fenalty. Additional \$	23.00 166	10111115	not nied by Ap	OFIL 1,				
Entity ID Number 2. Exact name of the				ion		· · · · · · · · · · · · · · · · · · ·		
17507	del Go	lf Enterpr:	icoc Tra					
Principal Office Address	rr mitterpr.	City	•	State	Zip			
,		,			-"			
PO Box 273		Harmony RI			02829			
Business Phone Number				5. State of Incorporation				
401-949-9966	Rhode Island							
6. Brief description of the cha	racter of bu	siness cor	nducted in Rhod	e Island				
Golf carts, equipme	nt. supp	lies a	nd anv and	all rela	ted goods	with golf	COURSES	
7. List ALL officers (names and addresses)				421 1014	Check the box to indicate an attachment u			
President Name				Vice-President Name				
Edward Delfino								
Street Address				Street Address	S			
PO Box 273								
City	State	Zip		City		State	Zip	
Harmony	RI 02829			<u> </u>				
Secretary Name				Treasurer Nam	ne			
Diane Delfino Street Address				Street Address				
PO Box 273				Street Address	5			
City	State Zip			City		State	Zip	
Harmony	RI	02829				ļ	"	
8. List ALL officers (names and					Check	the box to ind	licate an attachmen	ı .
Director Name				Director Name		50% 15 1,12	node di didoimon	<u> </u>
Street Address				Street Address				
	101	1	*****					
City	State	Zip		City		State	Zip	
	<u> </u>		T	L			<u> </u>	
9. Shares Authorized 10. Sha				****		k box to indicate an attachment		
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
·			100		Common		1.00	
Changes require an additional filing.								
11. This report must be execu receiver or trustee, this report	ited on beha must be exe	alf of the concuted on	orporation by a	n authorized r	representative. ne receiver or t	If the corpora rustee.	tion is in the hands	of a
Under penalty of perjury, I de	eclare and a	ffirm tha	t I have exami	ned this repor	rt, including an	y accompanyi	ing schedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative						Date	···	
Edward Delfino								
Signature of Authorized Repre			- Jun	. 9, 3017				
Edward	AL	elle	ino					
		-//-						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 1 3 2017