



**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. 001749622

2. Name of Corporation The Right Course

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

624110

4. Principal Office Address

No. and Street: 43 PARK AVE.

City or Town: PORTSMOUTH

State: RI

Zip: 02871

Country: US

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

THE PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED ARE TO OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, RELIGIOUS AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 170(C)(2) OF THE INTERNAL REVENUE CODE OF 1986 OR THE CORRESPONDING PROVISIONS OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAWS.

ALL FUNDS, WHETHER INCOME OR PRINCIPAL, AND WHETHER ACQUIRED BY

GIFT

OR CONTRIBUTION OR OTHERWISE, SHALL BE DEVOTED TO THIS PURPOSE:

TO INCREASE ACCESS TO THE SPORT OF GOLF AND ITS ASSOCIATED INDUSTRIES
FOR
POOR, DISTRESSED AND UNDERPRIVILEGED YOUTH.

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	DAVID ALLEN MORRIS	43 PARK AVE PORTSMOUTH, RI 02871 USA
DIRECTOR	MICHAEL MORRIS	3379 PEACHTREE RD NE SUITE 555 ATLANTA, GA 30326 USA
DIRECTOR	DAVID MORRIS	43 PARK PORTSMOUTH, RI 02871 USA
DIRECTOR	BENNETT SCHLESINGER	2 ERIC PLACE PROVIDENCE, RI 02911 US

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

DAVID MORRIS 43 PARK AVENUE PORTSMOUTH , RI 02871

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of February, 2024 at 7:21:32 PM 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 DAVID MORRIS
Signature of Authorized Person

Form No. 631
Revised 09/07