

A Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
2007
401 222 3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 Filing Fee: \$20.00 * IHIS REPORT MUST BE TYPED OR PRINTED IEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed in law (R.I.G.L. 7-6-01) is said.

to a penalty fee of \$25.00.			to fue us annual report within t	ne time prescribed by lau	(K.C.G.L. 7-6-91) is su	
Corporate ID No	2 Name of Corporal		0			
State of Incorporation	NEW YORK YACHT CLUB 4 Corporate address in Rhode Island - Street Address City 700					
	مقاسسا				Zip	
Romain exponentian Europe	S HAZI	DON NOV		NEWPORT	02840	
Foreign cyrporation Enter p	итсуш ојјісе address		City	Stale	Zip	
Brief Description of the charac	ter of the affairs which are	e actually conducted in Rhod	le Island			
	RIVATE ME		CLUB			
V *						
	SES OF THE OFFICE	RS: (X" BOX FOR ATTA	CHMENT) [FILL IN SPACE	S BEFORE USING ATTAC	CHMENIS	
ident Name	C1100 -		Pice Absoluteur Magas			
COMMODORE CHARLES TOWNSOND			VICE COMMODORE DININ EZWELL			
irred Address 4/0 COMDE NAST 4 TIMES SQUARE			Street Address			
- 1///5	State	Zib	100 HARRISO		7%	
NEW YORK	NY	10021	NEWFORT	State RI	21p	
etary Name		7	Treasurer Name		02840	
J.P. TIM &	OLMAN, JR		PHLIP LOTZ			
t Address	_ ′		Street Address			
61 BERMUDA ROAD			89 DOGWOOD LANE			
WESTPORT	State CT	Zip 0/200	City A COLL OF A LA A A	State	Zip	
	ļ	06880	NEW CANAAN	[] []	06840	
AMES AND ADDRESS				S BEFORE USING ATTAC	CHMENIS	
E NUMBER OF DIRECT	TORS OF A DOMEST	TIC (RHODE ISLAND)) CORPORATION <u>SHALL NO</u>	T BE LESS THAN THRE	E (3) RIGL 7-6	
ctor Name			Director Name			
FAR COMMODOR	E KOBERT	TOWSE	DAYUS A	1ARGOLD		
REAR COMMODORE ROBERT TOWSE POR ADDRESS CIO MORGAN STANLEY			Street Address			
1585 BROADE	WAY 315+ FC	OOK	62 Kow	AYTON AVEYU		
NEW YORK	N V	10036	City Rand Autor	State	1 7	
for Name		1 , 36	Director Name		06853	
JOHN MYLES			LAVECTOF TYCHNE			
Address			Street 4ddress			
557 NORTH	STREET					
WHITE PLAINS	State NV	Zip 10605	City	State	Zψ	
	"	1	1	1	,	
	RHODE ISLAND - 1	OO NOI ALIER - Chai	nges require filing of Form	641 - R I G I 7-6-13 /	7-6-78	
Name	- 4		Address			
MICHAEL	CRONIN					
205			City.	Zip		
> HALLBON	BON NONE		NEW PORT	02	02840	
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	FILED		TT-d- t- c			
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	UCT 1 7 200	И	statements contained h	erein are true and correct	y spacements, and that	
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The Factor	, /\} //	-		MMN	<u> </u>	

FILED	Under penalty of perjury, I declare and affirm	what I have examined this
File Date By Ame	report, including any accompanying schedules statements contained herein are true and correct	and spacements, and that all
Check No. 11-39(e80)	Signature of Officeh DAYIS ELWELC Print or Type Name of Officer	Date
FOR SECRETARY OF STATE US 2013	VICE COMMODIANE	French D. C. S.