

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401-222,3010

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.1.G.1., 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.1.G.L. 7-6-91) is subject to a smaller for of \$25.00.

| penalty fee of \$25.00. | | | | | |
|--------------------------------------------------------|------------------------------|-------------------------------|--------------------------------------|--------------------------|-----------------|
| 1 Corporate ID No. | 2. Name of Corporation | | | | |
| 30031 | POINT JUDITH YACHT CLUB | | | | |
| 3. State of Incorporation | 4 Corporate address in R | bode Island - Street Address | | City | Zip |
| RHODE ISLAND | 133 Old Tower Hi | ll Road, Suite 1 | | Wakefield | 02879 |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip |
| | | | | | <u> </u> |
| 6. Brief Description of the character (| of the affairs which are act | ually conducted in Rhode Isla | ınd | | |
| Sailing Lessons and other B | loating Related Activ | rities | | | |
| 7. NAMES AND ADDRESSES | OF THE OFFICERS | : ("X" BOX FOR ATTACH | MENT) [FILL IN SPACES B | EFORE USING ATTACH | IMENTS |
| President Name | | | Vice President Name | | |
| Brian Ladeira | | | Richard Spiewak | | |
| Street Address | | | Street Address | | |
| 122 Rodman Street | | | 33 Schooner Drive | | |
| Сих | State | Zip | City | State | Zip |
| Wakefield | RI | 02879 | Wakefield | RI | 02879 |
| Secretary Name | | | Treasurer Name | | |
| Henry H. Thayer III | | | Robert Perfetto | | |
| Street Address | | | Street Address 15 Harbor Island Road | | |
| 100 Brook Farm Drive | | | City State Zip | | |
| City: | State | Zip | , | | 02882 |
| Wakefield | RI | 02879 | Narragansett <i>CHMENT)</i> | RI REFORE USING ATTAC | |
| | | | | | |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) | | | Director Name | | |
| | | | Jim McDavitt | | |
| Fred Maccaron Sincet Address | | | Street Address | | |
| 40 Dyer Avenue | | | 47 Sandy Bottom Shores Drive | | |
| City | State | Zip | City | State | Zip |
| N. Kingstown | RI | 02852 | Wakefield | RI | 02879 |
| Director Name | | | Director Name | | |
| Peter Slota | | | Glenn Windhurst | | |
| Street Address | | | Street Address | | |
| 751 Old Baptist Road | | | 861 Worden Pond Road | | |
| Сиу | State | Ζip | Clty | State | Zip |
| N.Kingstown 9. REGISTERED AGENT IN | RI RHODE ISLAND | 02852 | Wakefield | RI | 02879 |
| This information is currently of | of record in the Office | e of the Secretary of Stat | e. Changes require filing of Fori | n 641 - R.I.G.L. 7-6-13/ | 7-6-78 |
| This report must | be signed by either | the President, Vice Pres | sident, Secretary, Assistant Sec | eretary, Treasurer, Rece | iver or Trustee |

| File Date FILED |
|-----------------------------------------|
| Check No MAY 2 0 2009 |
| By 356 FOR SECRETARY OF STATE USE ONLY |

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.

Signature of Officer

Henry H. Thayer III

Print or Type Name of Officer

Secretary

Title of Officer

Form 631 Rev. 09/17