

A. Ralph Mollis, Secretary of Sta Corporations Divisic 148 W. River Stre

Providence, RI 02904-261 401.222.30-

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 B

L. Corporate ID No.	2. Name of Co	2. Name of Corporation						
132677	Newport Y	Newport Yacht Club Endowment Fund						
3. State of Incorporation	4. Corporate a	4. Corporate address in Rhode Island - Street Address						
Rhode Island	36 Washii	36 Washington Square			Zψ			
5 Foreign corporation. Enter principal office address			City	Newport State	02840 Zip			
6. Brief Description of the ch	paracter of the affairs wh	ich are actually conducted in	Rhode Island					
TO PROVIDE FUND QUALIFIED STUDEN	S FOR THE SUPP	ORT AND MAINTENAN	NCE OF NEWPORT YACHT ( NAL PROGRAMS OFFERED ATTACHMENT)   FILL IN SPA	CLUB SPONSORED SCH BY CERTIFIED UNIVERS	HOLARSHIP FUND, FO			
President Name		, + <b>U.</b>	Vice President Name	CES BEFORE USING ATT	ACHMENTS			
Jean Babcock			Dave S. Leys					
Street Address			Street Address					
29 Indian Ave.			599 Wolcott Ave.					
C'iry	State	Zip	City	State	Zip			
Portsmouth	RI	02871	Middletown	RI	02842			
Secretary Name Nancy Babcock			Treasurer Name James Heaton		102042			
Street Address 101 Freeborn St.			Street Address 63 Harrison Ave.					
City -	State	Zip	Chy	State	Zip			
Portsmouth	RI	02871	Newport	Ri	00040			
S. NAMES AND ADDR	ESSES OF THE DI	RECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPA	ACES BEFORE USING ATT	A CITE INDIAN			
irector Name	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL    Director Name	NOT BE LESS THAN THE	REE (3). R.I.G.L. 7-6-2			
Jean Babcock			Dave S. Leys					
treet Address			Street Address					
29 Indian Ave.			599 Wolcott Ave.					
Tity	State	Zip	City	State	Zip			
Portsmouth	RI	02871	Middletown	RI	02842			
Director Name Nancy Babcock			Director Name James Heaton					
treet Address			Street Address					
01 Freeborn St.			63 Harrison Ave.					
u) <sup>,</sup>	State	Ζip	CHy	State	Zip			
Portsmouth . REGISTERED AGEN	Ri t in rhode islai	02871 ND	Newport	RI	02840			

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File Date	FILED			
Check No	JUN 09 2009			
Ву:	By 202			
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
statem	ents contained herein are true and correct.

John X Bukenek	j 1977.
Signature of Officer	- Date
JEDN LE KARCECK	
Print or Type Name of Officer	

2 LE 23 . Title of Officer