

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

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.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 report of the subject of

penalty see of \$25.00.						
1. Corporate ID No.	2. Name of Corp	2. Name of Corporation				
26766	EDGEWOO	EDGEWOOD SAILING SCHOOL				
3. State of Incorporation	4. Corporate ada	dress in Rhode Island - Street A	Address	City	Zip	
RHODE ISLAND	3 SHAW A	VENUE		CRANSTON	02905	
5. Foreign corporation. Enter principal office address			Сиу	State	Zip	
6. Brief Description of the che	aracter of the affairs whic	b are actually conducted in Rh	ode Island			
EDUCATION INSTRU	JCTION OF SAILIN	G SKILLS AND BOATIN	NG SAFETY			
7. NAMES AND ADDR	ESSES OF THE OFF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPAC	CES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
CURT SPALDING			DOREEN BAEDER			
Street Address			Street Address			
2 NORWOOD AVENUE			135 LYNDON ROAD			
City	State	Zip	City	State	Zip	
CRANSTON	RI	02905	CRANSTON	RI	02905	
Secretary Name JOAN LABBE			Treasurer Name MICHAEL GENDRON			
Street Address			Street Address			
46 ROSE STREET			31 SELKIRK ROAD			
City	State	Zip	City	State	Zip	
WARWICK	RI	02888	CRANSTON	RI	02905	
			ATTACHMENT) TELL IN SPA ND) CORPORATION SHALL			
THE NUMBER OF DIT	RECIONS OF A DO.	MESTIC (RHODE ISLA.	Director Name	NOI BE LESS THAN THE	<u>EE</u> (3). R.I.G.L. /-0-23	
JOHN MENSINGER Street Address	Υ		WENDY BRUSICK Street Address			
72 BLUFF AVENUE	=		131 ALBERT AVENUE			
Cin	State	Zip	City	State	Zip	
CRANSTON	RI	02905	CRANSTON	RI	02905	
Director Name			Director Name			
JAY COOGAN			PATRICE SPALDING			
Street Address			Street Address			
276 NORWOOD AVENUE			2 NORWOOD AVENUE			
City .	State	Zip	City	State	Zip	
CRANSTON 9. REGISTERED AGEN	RI nt in rhode isla	02905 ND	CRANSTON	RI	02905	
This information is curr	rently of record in th	e Office of the Secretary of	of State. Changes require filing of	of Form 641 - R.I.G.L. 7-6-1	3/7-6-78	
This repor	t must be signed by	cither the President, Vic	e President, Secretary, Assista	nt Secretary, Treasurer, Rec	ceiver or Trustee	

<del></del>	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	statements contained hereinare true and correct.  Mehael Willender 6/8/09
Check No. JUN 0 9 2009	Signature of Officer Date  MICITAL W. GENDRUN
By: By 55 FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  REASURER
POR SECRETARY OF STATE OSC ONC.	Title of Officer Form 631 Rev. 09/17