

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 2000

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

penalty fee of \$25.00.	······································		· · · · · · · · · · · · · · · · · · ·	
1. Corporate 1D No. 2003 402. Name of Conforming 10 VACHT CLUB				
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address 1691 OHALK SIOWE	Ave	ROVIDENCE	02309	
5. Foreign corporation. Enter principal office address	Čity	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla FRATERYAL AND SOCIAL 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH!	_	EODE VISING ATTACH	MENTIC	
President Name DOUBLAS N. GOSSELIN	vice President Name JERRY 6	FORE USING ATTACHE	TTE	
Street Address ROBIN WAY	Street Address 419 Nau	RIVER R.	D.	
N.Smothsield State B.S. D2896	MANUILLE.	state D. Z	123338	
Secretary Name SEFREY WILLIARD	MAURICE	P. Ovell	ETTE	
Street Address RENDON RD	Street Address 1 CHA	WSTONE	AVE	
ATTLE PORO State Zij. B. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTAC	CAY PROVIOUSE	State Ling ATTACH	Dagug MENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
Director Name HERBERT RETERS	Director Name JOHN B	allem		
Street Address 11 BIRCHST.	Street Address 1890 BDO	AD SJ.		
CITY FRANKLIN MASS DZ103	CRANTON	State RC	02905	
Birector Name DAVID DE ANGELIS	Director Name			
Street Address P. D. BOX 20532	Street Address			
9. REGISTERED AGENT INTRODE ISLAND This information is currently of record in the Office of the Secretary of State	CHY HALKSTONE	AVE BOUNT	Server RA	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 This report must be signed by either the President. Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee				

File Date	FILED	
Check No	JUN 1 8 2009	
Ву:	By 22	
FOR SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and affi report, including any accompanying schedul	es and starements, and that all
statements contained herein are transferred con	6/16/09
Signature of Officer MAURICE S. DUELI	ETTE Vare
Print or Type Name of Officer TRUASURS R	-
Title of Officer	F- (21 P 00/17