

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

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.

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1. Corporate ID No.	2. Name of Con	2. Name of Corporation					
27609	NEWPORT	NEWPORT SAIL AND POWER SQUADRON					
3. State of Incorporation	4. Corporate ad	dress in Rhode Island - Street	Address	City	Zip		
RI	127 BEAC	ON ST		NEWPORT	02840		
5. Foreign corporation. Enter principal office address			City	State	Zip		
6. Brief Description of the chai	racter of the affairs whic	ch are actually conducted in R	bode Island				
7. NAMES AND ADDRE	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS		
President Name			Vice President Name				
BILL LOESEKE			FOREST GOLDEN				
Street Address		-	Street Address	Street Address			
14 HART ST			50 LAMBIE CIR				
Gily:	State	Ζip	City	State	Zip		
MIDDLETOWN	RI	02842	PORTSMOUTH	RI	02871		
Secretary Name DAVE PROCACCINI			Treasurer Name ALFRED D SILVIA JR				
Street Address 49 COL CHRISTOPHER GREENE RD			Street Address 127 BEACON ST				
City	State	Ζip	City	State	Zip		
PORTSMOUTH	RI	02871	NEWPORT	RI	02840		
8. NAMES AND ADDRE	SSES OF THE DIE		ATTACHMENT) FILL IN SPACE				
			ND) CORPORATION SHALL N				
Director Name		• •	Director Name				
ELIE COHEN			THURSTON GRAY				
Street Address		, , , , , , , , , , , , , , , , , , ,	Street Address				
136 RHODE ISLAND AVE			22 MAIL COACH RD				
City	State	Zip	City	State	Zip		
NEWPORT	RI	02840	PORTSMOUTH	RI	02871		
Director Name DALE PAQUETTE			Director Name DAVID DUGAN				
Street Address			Street Address				
8 COL BARTON RD			84 LINDA AVE				
City	State	Zψ	City	State	Zip		
PORTSMOUTH 9. REGISTERED AGENT	RI f in rhode isla	02871	PORTSMOUTH	RI	02871		
This information is curre	ntly of record in th	e Office of the Secretary	of State. Changes require filing of	Form 641 - R.I.G.L. 7-6-1	3/7-6-78		
This report	must be signed by	either the President Vic	e President Secretary Assistant	Secretary Treasurer Re	ceiver or Trustee		

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FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined thi	S
report, including any accompanying schedules and statements, and that al	ı
statements contained herein are true and correct.	

16.	5-14-10
Signature of Officer	Date
ALERED DISHIVIA IR	

Print or Type Name of Officer

TREASURER

Title of Officer