



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2010

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 ID No 120872 | | 2. Name of Corporation NEWPORT LASER FLEET 413, INC. | | | |
| 3. State of Incorporation RI | | 4. Corporate address in Rhode Island - Street Address 11 Ellery Road | | City Newport | Zip 02840 |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To sponsor, promote, conduct, organize, and assist in promotion, organization, conducting of boat races, principally for the Laser class. | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name STUART STREULI | | | Vice President Name DAVID REED | | |
| Street Address 11 ELLERY RD. | | | Street Address 541 MIDDLE RD. | | |
| City NEWPORT | State RI | Zip 02840 | City PORTSMOUTH | State RI | Zip 02871 |
| Secretary Name | | | Treasurer Name DAVID MOFFET | | |
| Street Address | | | Street Address 28 MOUNT HOPE ST. | | |
| City | State | Zip | City JAMESTOWN | State RI | Zip 02835 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| 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 STEVEN KIRKPATRICK | | | Director Name WILLIAM DONALDSON | | |
| Street Address 161 FRANK COELHO DR. | | | Street Address 269 BROWNS LANE | | |
| City PORTSMOUTH | State RI | Zip 02871 | City MIDDLETOWN | State RI | Zip 02842 |
| Director Name PHILIP SCHARER | | | Director Name JOHN C. BENTLEY | | |
| Street Address 69 KNOWLTON ST. | | | Street Address 15 ROCK O PUNDEE RD. | | |
| City RIVERSIDE | State RI | Zip 02915 | City S. DARTMOUTH | State MA | Zip 02748 |
| 9. REGISTERED AGENT IN RHODE ISLAND | | | | | |
| 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**
JUL 27 2010
Check No.
By: *[Signature]* 123351
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] 7/23/10
Signature of Officer Date
STUART STREULI
Print or Type Name of Officer
PRESIDENT
Title of Officer