



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 29730		2. Exact name of the Corporation West Bay Yacht Club, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The operation of a yachting club.			
5. Principal office address P.O. Box 1604		City East Greenwich	State RI	Zip 02818	
President Name Commodore: Will Richmond		Vice-President Name Vice Commodore: Dean Travis			
Street Address 9 Whirly Circle		Street Address 1947 New London Turnpike			
City Hopkinton	State MA	Zip 01748	City West Warwick	State RI	Zip 02893
Secretary Name Phyllis Geisser		Treasurer Name Jo-Ann Grima			
Street Address 13 Chestnut Street		Street Address 130 Helen Avenue			
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02886
Director Name Matt Aubee		Director Name Jim Palumbo			
Street Address 213 Old County Road		Street Address 36 Brookside Drive			
City Smithfield	State RI	Zip 02917	City East Greenwich	State RI	Zip 02818
Director Name Mike Hackett		Director Name Robert Chappelle			
Street Address 480 Love Lane		Street Address 183 Pine Glen			
City Warwick	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
JUN 07 2012
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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.

Jo-Ann Grima, Treasurer 6/6/12
Signature of Officer Date

Jo-Ann Grima
Print or Type Name of Officer
Treasurer
Title of Officer

File Date _____
Check No. _____
By _____
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