



**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

# 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. <b>30905</b>		2. Exact name of the Corporation <b>Sakonnet Yacht Club</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Corporate Address in RI - Street Address <b>165 Sakonnet Point Road PO Box 514</b>		City <b>Little Compton</b>	Zip <b>02837</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island <b>Sailing Club Organization for its memberships</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Bart Littlefield</b>			Vice-President Name <b>Charles Truslow</b>		
Street Address <b>3 Cromwell Farm Road</b>			Street Address <b>519 Brooks Road</b>		
City <b>Concord</b>	State <b>MA</b>	Zip <b>01742</b>	City <b>Milton</b>	State <b>MA</b>	Zip <b>02186</b>
Secretary Name <b>Karl Hoyt</b>			Treasurer Name <b>Howard Garsh</b>		
Street Address <b>3 Maple Avenue</b>			Street Address <b>26 Belmont Circle</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Belmont</b>	State <b>MA</b>	Zip <b>02748</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <i>Howard Garsh</i>			Director Name <i>Mara Shore</i>		
Street Address <i>26 Beatrice Corsi</i>			Street Address <i>1093 Lake Avenue</i>		
City <i>Belmont</i>	State <i>MA</i>	Zip <i>02478</i>	City <i>Greenwich</i>	State <i>CT</i>	Zip <i>06831</i>
Director Name <i>Karl Hoyt</i>			Director Name		
Street Address <i>8 Wallace Court</i>			Street Address		
City <i>Charlston</i>	State <i>MA</i>	Zip <i>02129</i>	City	State	Zip
9. 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**

File Date \_\_\_\_\_

**JUN 19 2012**

Check No \_\_\_\_\_

By: \_\_\_\_\_

*42196*

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]* **02/13/2012**  
 Signature of Officer Date

**Bart Littlefield**  
 Print or Type Name of Officer

**President**  
 Title of Officer