



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. 111552		2. Exact name of the Corporation Fleet 50, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Organizational body for J-24 racing sailboats in the State of Rhode Island to organize yacht racing events and series.			
5. Principal office address 875 Centerville Road		City Warwick	State RI	Zip 02886	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ted Winston		Vice-President Name Pete Levesque			
Street Address 4 John Street, Unit 1		Street Address 4 John Street, Unit 1			
City Westborough	State MA	Zip 01581	City Westborough	State MA	Zip 01581
Secretary Name Lee Buress		Treasurer Name Lee Buress			
Street Address 4 John Street, Unit 1		Street Address 4 John Street, Unit 1			
City Westborough	State MA	Zip 01581	City Westborough	State MA	Zip 01581
7. 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 Joe Winston		Director Name Mike Hill			
Street Address 4 John Street, Unit 1		Street Address 4 John Street, Unit 1			
City Westborough	State MA	Zip 01581	City Westborough	State MA	Zip 01581
Director Name Will Welles		Director Name Lee Buress			
Street Address 4 John Street, Unit 1		Street Address 4 John Street, Unit 1			
City Westborough	State MA	Zip 01581	City Westborough	State MA	Zip 01581
8. 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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY _____

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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.

Signature of Officer

Lee Buress

Print or Type Name of Officer

Treasurer

Title of Officer

11/7/12
Date