



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 2013

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. 31487		2. Name of Corporation BLUE WATER SPORTSMAN'S CLUB INC.			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address PO BOX 6895		City WARWICK	Zip 02887
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 FISHING - HUNTING - RECREATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name TIM VOTTA			Vice President Name JOHN LAWRENCE		
Street Address 7 STANFORD STREET			Street Address 123 BUNGY ROAD		
City WARWICK	State Rhode Island	Zip 02888	City N. SITUATE	State Rhode Island	Zip 02857
Secretary Name SEAN TURNER			Treasurer Name THOMAS O'DONNELL		
Street Address 49 DEER STREET			Street Address 307 CAJONCHET ROAD		
City RUMFORD	State Rhode Island	Zip 02916	City HOPKINTON	State Rhode Island	Zip 02873
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 JAMES McSHANE			Director Name JAMES FLETCHER		
Street Address FRONT STREET			Street Address 40 RICHARDSON HILL ROAD		
City LINCOLN	State Rhode Island	Zip 02865	City GISWOLD	State CONN	Zip 06357
Director Name JOE RYFA			Director Name		
Street Address 1 DALE DRIVE			Street Address		
City JOHNSON	State Rhode Island	Zip 02919	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 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

FILED

JUN 04 2013

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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.

Thomas O'Donnell 6-2-13
Signature of Officer Date

THOMAS O'DONNELL
Print or Type Name of Officer

TREASURER
Title of Officer

File Date _____
Check No. _____
By: _____
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