



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 2013

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. <u>739031</u>		2. Exact name of the Corporation <u>MATUNUCK Surfing Association, Inc.</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>non-profit sport club</u>			
5. Principal office address <u>181 Washington St</u>		City <u>So. Kingstown</u>		State <u>RI</u>	Zip <u>02879</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>William Leddy</u>			Vice-President Name		
Street Address <u>181 Washington St</u>			Street Address		
City <u>So. Kingstown</u>	State <u>RI</u>	Zip <u>02879</u>	City	State	Zip
Secretary Name <u>Steven Wright</u>			Treasurer Name		
Street Address <u>53 Ocean Village Ct.</u>			Street Address		
City <u>So. Kingstown</u>	State <u>RI</u>	Zip <u>02879</u>	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>William Arcand</u>			Director Name <u>William Leddy</u>		
Street Address <u>177 Gravelly Hill Rd</u>			Street Address <u>181 Washington St</u>		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>So Kingstown</u>	State <u>RI</u>	Zip <u>02879</u>
Director Name <u>Carl Grandquist</u>			Director Name <u>Steven Wright</u>		
Street Address <u>66 Fifth Ave</u>			Street Address <u>53 Ocean Village Ct.</u>		
City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>So. Kingstown</u>	State <u>RI</u>	Zip <u>02879</u>
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

FILED

JUL 29 2013

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

Date

Print or Type Name of Officer

Title of Officer

By [Signature]
Ch # 21277835638

Steven Wright
Secretary