



**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>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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
<b>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"/></b>					
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>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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.

Steven Wright 7-26-13  
 Signature of Officer Date

Steven Wright  
 Print or Type Name of Officer

By: [Signature] Secretary  
 Title of Officer

Ch # 21277835638