



**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 **2014**

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>000223694</b>		2. Exact name of the Corporation <b>NEW YORK YACHT CLUB FOUNDATION</b>			
3. State of Incorporation <b>NEW YORK</b>		4. Brief description of the character of business conducted in Rhode Island <b>MAINTAIN, RESTORE AND PRESERVE THE EXTERIOR OF THE HISTORICALLY AND ARCHITECTURALLY SIGNIFICANT BUILDING AND IMPROVEMENTS LOCATED AT WEST 44TH STREET, NEW YORK AND 5 HALIDON AVENUE, NEWPORT, RI.</b>			
5. Principal office address <b>37 WEST 44TH STREET</b>		City <b>NEW YORK</b>		State <b>NY</b>	Zip <b>10036</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>WALTER COOK KEENAN, IV, PRESIDENT</b>			Vice-President Name <b>JAMES F. WILSON, VICE PRESIDENT</b>		
Street Address <b>37 WEST 44TH STREET</b>			Street Address <b>37 WEST 44TH STREET</b>		
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036</b>
Secretary Name <b>JOSEPH C. HOOPES, JR.</b>			Treasurer Name <b>JOSEPH C. HOOPES, JR.</b>		
Street Address <b>37 WEST 44TH STREET</b>			Street Address <b>37 WEST 44TH STREET</b>		
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (*X BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>DAVIS S. MARGOLD</b>			Director Name		
Street Address <b>37 WEST 44TH STREET</b>			Street Address		
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<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, duly Authorized Representative, Receiver or Trustee

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

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

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

FOR SECRETARY OF STATE USE ONLY BY \_\_\_\_\_

**FILED**

**JUN 23 2014**

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 or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative