



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. 000223694		2. Exact name of the Corporation NEW YORK YACHT CLUB FOUNDATION			
3. State of Incorporation NEW YORK		4. Brief description of the character of business conducted in Rhode Island 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.			
5. Principal office address 37 WEST 44TH STREET		City NEW YORK		State NY	Zip 10036
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name WALTER COOK KEENAN, IV, PRESIDENT			Vice-President Name JAMES F. WILSON, VICE PRESIDENT		
Street Address 37 WEST 44TH STREET			Street Address 37 WEST 44TH STREET		
City NEW YORK		State NY	Zip 10036	City NEW YORK	
State NY		Zip 10036		State NY	Zip 10036
Secretary Name JOSEPH C. HOOPES, JR.			Treasurer Name JOSEPH C. HOOPES, JR.		
Street Address 37 WEST 44TH STREET			Street Address 37 WEST 44TH STREET		
City NEW YORK		State NY	Zip 10036	City NEW YORK	
State NY		Zip 10036		State NY	Zip 10036
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 DAVIS S. MARGOLD			Director Name		
Street Address 37 WEST 44TH STREET			Street Address		
City NEW YORK		State NY	Zip 10036	City	
State NY		Zip 10036		State	Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	Zip
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 23 2014

BY _____

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