



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

2014

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 000034424		2. Exact name of the Corporation Wickford Sailing Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Sailing Instruction			
5. Principal office address 160 Pleasant Street		City North Kingstown		State RI	Zip 02852
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ike Bowen		Vice-President Name Morgan Paxhia			
Street Address 164 Olde Mille Lane		Street Address 13 Bayview Avenue			
City North Kingstown	State RI	Zip 02852	City Newport	State RI	Zip 02840
Secretary Name Douglas Nannig		Treasurer Name None			
Street Address 15 Circle Drive		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS) (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gordon Fletcher		Director Name Tyke Loomis			
Street Address 252 Wickford Point Road		Street Address 140 Duck Cove Road			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Robert Brown		Director Name None			
Street Address 150 Prospect Avenue		Street Address			
City North Kingstown	State RI	Zip 02852	City	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.					

2014 JUN -7 AM 11:31
 SECRETARY OF STATE
 CORPORATIONS DIV.

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
JUL 07 2014
 BY KL 227487
 11:31

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]
 Signature of Officer or Authorized Representative
Douglas Nannig
 Print or Type Name of Officer or Authorized Representative

6/30/14
 Date