



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 2015

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>000030905</b>		2. Exact name of the Corporation <b>Sakonnet Yacht Club</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>non-profit sailing lessons</b>			
5. Principal office address <b>163 Sakonnet Point Road, PO Box 514</b>			City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
6. President Name <b>Scott R. Humphrey MARA SHORE</b>					
7. Vice-President Name <b>KARL Hoyt</b>					
8. Street Address <b>PO Box 514</b>			9. Street Address <b>P.O. Box 514</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
10. Secretary Name <b>BETHANY HARRINGTON</b>			11. Treasurer Name <b>HOWARD GARSH</b>		
12. Street Address <b>P.O. Box 514</b>			13. Street Address <b>P.O. Box 514</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
14. Director Name <b>Robert CAVANAGH</b>					
15. Director Name <b>Andrew McKee</b>					
16. Street Address <b>P.O. Box 514</b>			17. Street Address <b>P.O. Box 514</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
18. Director Name <b>Mike MASSA</b>			19. Director Name		
20. Street Address <b>P.O. Box 514</b>			21. Street Address		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City	State	Zip

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee



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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.

**Howard E. Garsh**

2/15/2015

Signature of Officer or Authorized Representative

Date

**HOWARD E. GARSH**  
**Scott R. Humphrey**

**Treasurer**

Print or Type Name of Officer or Authorized Representative