



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000027781

2. Name of Corporation Ida Lewis Yacht Club, of Newport, R. I.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: LIME ROCK - 170 WELLINGTON AVENUE
P.O. BOX 479

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROMOTE YACHTING IN NARRAGANSETT BAY AND PRESERVE LIMEROCK LIGHTHOUSE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
PRESIDENT	GARY H LASH	14 COMMONWEALTH AVE NEWPORT, RI 02840 US
TREASURER	SIMON J DAVIDSON	10 COWSILL LANE

		NEWPORT, RI 02840 US
SECRETARY	PETER VAN LANCKER	30 J.H. DWYER DRIVE MIDDLETOWN, MA 02842 US
DIRECTOR	MATTHEW O KIRBY	51 ASHURST AVE MIDDLETOWN, RI 02842 USA
DIRECTOR	GARY H LASH	14 COMMONWEALTH AVE NEWPORT, RI 02840 US
DIRECTOR	SIMON J DAVIDSON	10 COWSILL LANE NEWPORT, RI 02840 US
DIRECTOR	PETER VAN LANCKER	30 J.H.DWYER DRIVE MIDDLETOWN, RI 02842 US

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PAUL FLEMING LIME ROCK - WELLINGTON AVENUE P.O. BOX 479 NEWPORT , RI 02840

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

Signed this 30 Day of April, 2015 at 10:54:37 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By GARY LASH
Signature of Authorized Person

Form No. 631
Revised 09/07

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