



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

2015

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. 000027357		2. Exact name of the Corporation THE FORT WETHERILL BOAT OWNERS & OPERATORS ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island General recreational boating			
5. Principal office address 24 Salt Pond Road, Sulte C-3		City Wakefield	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mark Liberati			Vice-President Name Jeff Cook		
Street Address 2 Old Walcott Avenue			Street Address 158 West Reach Drive		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Hugh Baertlein			Treasurer Name Karl Seelig		
Street Address 16 Walcott Avenue			Street Address 32 Deck Street		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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 Mark Liberati			Director Name Jeff Cook		
Street Address 2 Old Walcott Avenue			Street Address 158 West Reach Drive		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Karl Seelig			Director Name Hugh Baertlein		
Street Address 32 Deck Street			Street Address 16 Walcott Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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

MAY 01 2015

KL 6050

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

Karl Seelig, Treasurer

Print or Type Name of Officer or Authorized Representative