



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. 27060		2. Exact name of the Corporation Jamestown Striper Club			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Sport Fishing Club			
5. Principal office address 225 Seaside Drive		City Jamestown		State RI	Zip 02835
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bruce Dickinson		Vice-President Name John Pinheiro			
Street Address 41 Arnold Ave		Street Address 27 Holtson Ave			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name David P Michael		Treasurer Name David P Michael			
Street Address 225 Seaside Dr		Street Address 225 Seaside DR			
City Jamestown	State RI	Zip 02825	City Jamestown	State RI	Zip 02835
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name James Jaques		Director Name Paul Jutras			
Street Address 395 Shippee Road		Street Address 1062 East Shore Rd			
City East Greenwich	State RI	Zip 02818	City Jamestown	State RI	Zip 02835
Director Name Bill Sokolowski		Director Name			
Street Address 54 Steamboat Street		Street Address			
City Jamestown	State RI	Zip 02835	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.					

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 BY 1357

FILED

JUN 04 2015

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.

David P. Michael

06/02/2015

Signature of Officer or Authorized Representative

Date

David P Michael, Secretary

Print or Type Name of Officer or Authorized Representative