



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

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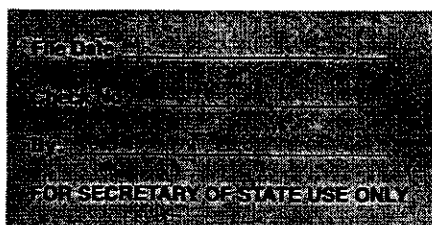
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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. 000637036		2. Exact name of the Corporation NEW YORK YACHT CLUB REGATTA ASSOCIATION, INC.			
3. State of Incorporation NEW YORK		4. Brief description of the character of business conducted in Rhode Island PROVIDE SAILING COMPETITIONS FOR AMATEUR SAILORS			
5. Principal office address 37 WEST 44TH STREET		City NEW YORK		State NY	Zip 10036
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name JAMES F. WILSON		Vice-President Name STEVEN A. WOLFF			
Street Address 37 WEST 44TH STREET		Street Address 37 WEST 44TH STREET			
City NEW YORK	State NY	Zip 10036	City NEW YORK	State NY	Zip 10036
Secretary Name MASON R. CHRISMAN		Treasurer Name KENNETH P. URBAN			
Street Address 37 WEST 44TH STREET		Street Address 37 WEST 44TH STREET			
City NEW YORK	State NY	Zip 10036	City NEW YORK	State NY	Zip 10036
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name WILLIAM H. LYNN, III, VICE PRESIDENT		Director Name PAUL ZBETAKIS, VICE PRESIDENT			
Street Address 37 WEST 44TH STREET		Street Address 37 WEST 44TH STREET			
City NEW YORK	State NY	Zip 10036	City NEW YORK	State NY	Zip 10036
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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



Form No. 631
Revised: 04/2014

BY

FILED
JUN 05 2015

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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.

Michael Cronin 6/1/2015
Signature of Officer or Authorized Representative Date

MICHAEL CRONIN
Print or Type Name of Officer or Authorized Representative