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.	2. Exact name of the Corporation
000637036	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	City	State	Zip
37 WEST 44TH STREET	NEW YORK	NY	10036

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
JAMES F. WILSON	37 WEST 44TH STREET	NEW YORK	NY	10036

Vice-President Name	Street Address	City	State	Zip
STEVEN A. WOLFF	37 WEST 44TH STREET	NEW YORK	NY	10036

Secretary Name	Street Address	City	State	Zip
MASON R. CHRISMAN	37 WEST 44TH STREET	NEW YORK	NY	10036

Treasurer Name	Street Address	City	State	Zip
KENNETH P. URBAN	37 WEST 44TH STREET	NEW YORK	NY	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	Street Address	City	State	Zip
WILLAIM H. LYNN, III, VICE PRESIDENT	37 WEST 44TH STREET	NEW YORK	NY	10036

Director Name	Street Address	City	State	Zip
PAUL ZBETAKIS, VICE PRESIDENT	37 WEST 44TH STREET	NEW YORK	NY	10036

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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
Stock
City
State
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 05 2015
BY 002014

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 C — 6/1/2015
Signature of Officer or Authorized Representative — Date

MICHAEL CRONIN
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014