



**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. 000100401

2. Name of Corporation Oregon Native, Ltd.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 538 DALE DRIVE

City or Town: INCLINE VILLAGE State: RI Zip: 89451 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 OWN AND OPERATE ONE OR MORE SAILING OR OTHER VESSELS FOR RECREATIONAL, SOCIAL AND ATHLETIC PURPOSES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	FRANK WILLIAM DELFER III	538 DALE DR INCLINE VILLAGE, NV 89451 USA
DIRECTOR	JOHN NELSON	5555 LATIN WAY FAIR OAKS, CA 95628

DIRECTOR	FRANK WILLIAM DELFER III	538 DALE DR INCLINE VILLAGE, NV 89451 USA
DIRECTOR	CHUCK CLUPPER	1108 L SIERRIA DR EL DORADO HILLS, CA 95628 USA
DIRECTOR	JADEN DELFER	5180 STIRLING ST GRANITE BAY, CA 95746 USA

**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**

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 29 Day of June, 2015 at 5:10:41 PM 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 FRANK WILLIAM DELFER III
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations
All Rights Reserved