

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.				me preserioen by mu (ic.	.G.L. 7-0-91) is subject	
1. Corporate ID No.	2. Name of Corporation					
26597	East Providence Yacht Club					
3. State of Incorporation	4. Corporate address in R.	bode Island - Street Address		<i>Cit</i> μ'	Zip	
Rhode Island	9 Pier Road			East Providence	02914	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the character of	f the affairs which are acti	ually conducted in Rhode Islan	nd	<u></u>	······································	
navigation, and to provide a	nd maintain a suitabl	le clubhouse.	o and navigation, and to prov		·	
President Name			Vice President Name			
Anthony Perry			Mikel Perry			
Street Address 119 Lyon Avenue			Street Address 119 Lyon Avenue			
City	State	Zip	City	State	Zip	
East Providence	RI	02914	East Providence	RI	02914	
Secretary Name Mikel Perry			Treasurer Name Mikel Perry			
Street Address 119 Lyon Avenue			Street Address 119 Lyon Avenue			
City	State	Zip	City	State	Zip	
East Providence	RI	02914	East Providence	RI	02914	
			HMENT) TILL IN SPACES B		IMENTS	
	ORS OF A DOMESTIC	(RHODE ISLAND) C	ORPORATION <u>SHALL NOT B</u>	E LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Mikel Perry			Anthony Perry,Jr.			
Street Address			Street Address			
119 Lyon Avenue			119 Lyon Avenue			
City:	State	Zip	City	State	Zip	
East Providence	RI	02914	East Providence	RI	02914	
Director Name			Director Name			
Anthony Perry						
Street Address 119 Lyon Avenue			Street Address			
City	State	7in				
East Providence	RI	<i>^{Zip}</i> 02914	City	State	Zip	
			es require filing of Form 64	 PIG1 7612/7	 	
Agent Name			Address	1 - K.I.G.L. /-0-13 / /-	0-/8	
Brian A. Goldman			681 Smith Street			
Address			City	Zip		
			Providence	02908		
This report must	be signed by either th	e President, Vice Presid	lent, Secretary, Assistant Secre	etary, Treasurer, Receive	er or Trustee	

	FILEDM	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all		
	AUG 2 5 2015	statements contained herein are true and correct.		
File Date	100178	Signature of Officer Date		
Check NoB	CM 255178	Mikel Perry		
Ву:		Print or Type Name of Officer		
FOR SECRETARY OF STATE USE ONLY		Vice-President Title of Officer		