



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

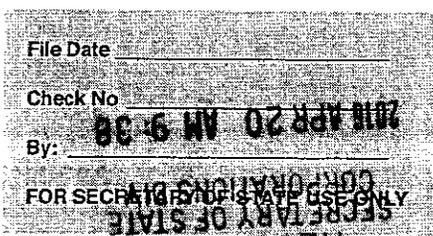
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 27071		2. Exact name of the Corporation Jamestown Yacht Club			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island yacht racing & cruising			
5. Principal office address P.O. Box 563		City Jamestown	State RI	Zip 02835	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lawrence Shuhly			Vice-President Name Michael Schnack		
Street Address 86 Pemberton Ave			Street Address 36 Clark ST		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Kathleen Shuhly			Treasurer Name JOHN RIENZO		
Street Address 86 Pemberton Ave			Street Address 20 Top o' the Mark Dr.		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ashley Finan			Director Name Timothy Pennington		
Street Address 14 Buoy ST			Street Address 14 Buoy ST		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Cheryl Rienzo			Director Name		
Street Address 20 top o' mark Dr.			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



Form No. 631
Revised: 04/2014

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.

9:39 AM

FILED

APR 20 2016

By 272631
KM

Signature of Officer or Authorized Representative

Date

JOHN C RIENZO

Print or Type Name of Officer or Authorized Representative