



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. 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 Sailboat racing & cruising, socials, supporting on and off the water events including the Foote Rule Regatta - proceeds of which are donated to local organizations			
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 22 Top O' Mark Drive			
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 Finnan		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 22 Top O' Mark Drive		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

File Date
Check No
86 APR 20 2015
FOR SECRETARY OF STATE USE ONLY
Form 641
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.

9:38 AM

FILED

APR 20 2016

By **272631**

Signature of Officer or Authorized Representative

Date

15 March 2016

John C. Rienzo

Print or Type Name of Officer or Authorized Representative

KM