



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: 2016

1. Corporate ID No. 000031058

2. Name of Corporation SEACONNET SPORTSMAN'S CLUB

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 145 SAKONNET DRIVE

City or Town: PORTSMOUTH

State: RI Zip: 02871 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

DEFINED AS A PRIVATE FISH CLUB WITH ANNUAL DONATIONS TO CHARITY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	DAVID BERUBE	61 FOXBORO AVE PORTSMOUTH, RI 02871 USA
TREASURER	MARK ANDRADE	19 OVERHILL RD WARREN, RI 02885 USA
SECRETARY	GORDON E TINGSTAD	20 ATTLEBORO AVE

		PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	ROBERT MESSENGER	4213 MAIN RD TIVERTON, RI 02878 USA
DIRECTOR	DAVID LENTZ	392 WATER STREET PORTSMOUTH, RI 02871 USA
DIRECTOR	WILLIAM RIDDER	4 HERITAGE ROAD BRISTOL, RI 02809 USA
DIRECTOR	GERALD POWER	53 COTTAGE AVE PORTSMOUTH, RI 02871 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

ROBERT A. MESSENGER 145 SAKONNET DRIVE PORTSMOUTH , RI 02871

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

Signed this 16 Day of May, 2016 at 7:26:29 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 GORDON E. TINGSTAD
Signature of Authorized Person

Form No. 631
Revised 09/07