

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. 000037129

2. Name of Corporation SAIL U.S.A.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 19 NOOSENECK HILL ROAD

City or Town: WEST GREENWICH State: RI Zip: 02817 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

SAILING AND BOATING

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES J CROSS	19 NOOSENECK HILL RD WEST GREENWICH, RI 02817 USA
SECRETARY	BRYAN JOHNSTON	SO KILLINGLY RD POLE 42 FOSTER, RI 02825 USA
DIRECTOR	BRYAN JOHNSTON	SO KILLINGLY RD POLE 42

		FOSTER, RI 02825 USA
DIRECTOR	FRANK T ABBEY	148 EAST LAKE AVE MASSAPEQUA, NY 11762 USA
DIRECTOR	JAMES J CROSS	19 NOOSENECK HILL ROAD WEST GREENWICH, RI 02817 USA
DIRECTOR	JOAN A MCNAMEE	60 KEYSTONE DR WARWICK, RI 02886 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

JAMES J. CROSS 19 NOOSENECK HILL ROAD WEST GREENWICH, RI 02817

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

Signed this 1 Day of June, 2016 at 10:26:04 AM 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 JAMES J CROSS

Signature of Authorized Person

Form No. 631 Revised 09/07

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