



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation	
30031		POINT JUDITH YACHT CLUB	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RHODE ISLAND		BOATING RELATED ACTIVITIES	
5. Principal Office Address		City	State
133 OLD TOWER HILL ROAD, STE. 1		WAKEFIELD	RI
		Zip	02879
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name COMMODORE GABE BRUNELLI		Vice-President Name VICE COMMODORE ROGER HOOD	
Street Address 110 OAK STREET		Street Address 88 ATLANTIC AVENUE	
City WAKEFIELD	State RI	Zip 02879	City MATUNUCK
			State RI
			Zip 02879
Secretary Name BOB RODERICKS		Treasurer Name STEVEN SYLVIA	
Street Address 136 SAYLES AVENUE		Street Address 129 WEST BAY DRIVE	
City PAWTUCKET	State RI	Zip 02860	City NARRAGANSETT
			State RI
			Zip 02882
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.		Check the box to indicate an attachment <input type="checkbox"/>	
Director Name ROBERT IRELAND-BD. OF TRUSTEES		Director Name THOMAS GINAND-BD. OF TRUSTEES	
Street Address 70 AVICE STREET		Street Address 11 HIGH STREET	
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT
			State RI
			Zip 02882
Director Name DEBORAH IRELAND-BD. OF TRUSTEES		Director Name DAVID MCMAHON	
Street Address 349 AQUEDUCT ROAD		Street Address 184 NARRAGANSETT AVENUE	
City CRANSTON	State RI	Zip 02910	City BARRINGTON
			State RI
			Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 041.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative			Date
GABE BRUNELLI			
Signature of Officer/Authorized Representative			

FILED

JUN 06 2016

BY

HL 5993