



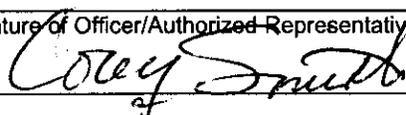
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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			
1039417		AQUIDNECK ISLAND STRIPER TEAM			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		PROMOTE THE SPORT OF FISHING AND FISHING EDUCATION			
5. Principal Office Address		City	State	Zip	
171 CHASE ROAD		PORTSMOUTH	RI	02871	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name COREY SMITH			Vice-President Name KURT RIVARD		
Street Address 20 VERANDA AVENUE			Street Address 4 HIGHLAND AVENUE		
City SWANSEA	State MA	Zip 02777	City WARREN	State RI	Zip 02885
Secretary Name GREG F. VESPE			Treasurer Name PHILIP DUCKETT		
Street Address 230 PAUL JAMES DRIVE			Street Address 470 SANDY POINT AVENUE		
City TIVERTON	State RI	Zip 02878	City PORTSMOUTH	State RI	Zip 02871
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 PHILIP DUCKETT			Director Name GREG F. VESPE		
Street Address 470 SANDY POINT AVENUE			Street Address 230 PAUL JAMES DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City TIVERTON	State RI	Zip 02878
Director Name COREY SMITH			Director Name		
Street Address 20 VERANDA AVENUE			Street Address		
City SWANSEA	State MA	Zip 02777	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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 COREY SMITH, PRESIDENT				Date 06/01/2016	
Signature of Officer/Authorized Representative 					

SIGN DOCUMENT HERE

FILED

JUN 06 2016

BY

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