



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.** 000027060

**2. Name of Corporation** Jamestown Striper Club

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 225 SEASIDE DRIVE

City or Town: JAMESTOWN State: RI Zip: 02835 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 225 SEASIDE DRIVE

City or Town: JAMESTOWN State: RI Zip: 02835 Country: UNI

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

SPORTS FISHING CLUB

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	DAN REGAN	180 AMERICAN WAY JAMESTOWN, RI 02835 USA
TREASURER	DVAID MICHAEL	225 SEASIDE DR JAMESTOWN, RI 02835 USA
VICE PRESIDENT	BRUCE DICKINSON	41 ARNOLD AVE

		JAMESTOWN, RI 02835 USA
SECRETARY	DAVID MICHAEL	225 SEASIDE DRIVE JAMESTOWN, RI 02835 USA
DIRECTOR	JAMES JAQUES	295 SHIPPEE ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	PAUL JUTRAS	1062 EAST SHORE ROAD, RI 02835 USA
DIRECTOR	DAVID MICHAEL	225 SEASIDE DRIVE JAMESTOWN, RI 02835 UNI

**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**

DAVID P. MICHAEL 225 SEASIDE DRIVE JAMESTOWN , RI 02835

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

**Signed this 14 Day of June, 2016 at 12:36:46 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 DAVID MICHAEL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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