



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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 • This report must be typed or printed legibly.

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

1. Entity ID No. <b>27609</b>		2. Exact name of the Corporation <b>NEWPORT SAIL AND POWER SQUADRON</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>BOATING SAFETY AND EDUCATION</b>			
5. Principal office address <b>127 BEACON ST</b>		City <b>NEWPORT</b>		State <b>RI</b>	Zip <b>02840</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>					
President Name <b>BILL LOESEKE</b>		Vice-President Name <b>NONE</b>			
Street Address <b>14 HART ST</b>		Street Address			
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
Secretary Name <b>DAVID PROCACCINI</b>		Treasurer Name <b>ALFRED D SILVIA JR</b>			
Street Address <b>49 COL CHRISTOPHER GREENE RD</b>		Street Address <b>127 BEACON ST</b>			
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES): RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b>					
Director Name <b>ELIE COHEN</b>		Director Name <b>THRUSTON GRAY</b>			
Street Address <b>136 RHODE ISLAND AVE</b>		Street Address <b>22 MAILCOACH RD</b>			
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
Director Name <b>DAVID DUGGAN</b>		Director Name			
Street Address <b>84 LINDA AVE</b>		Street Address			
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date
Check No.
By
<b>FOR SECRETARY OF STATE USE ONLY</b>

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.

Signature of Officer or Authorized Representative

06-15-2016

Date

**ALFRED D SILVIA JR**

Print or Type Name of Officer or Authorized Representative

**FILED**

JUN 20 2016

BY 1273 DS