



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. 27609		2. Exact name of the Corporation NEWPORT SAIL AND POWER SQUADRON			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island BOATING SAFETY AND EDUCATION			
5. Principal office address 127 BEACON ST		City NEWPORT		State RI	Zip 02840
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
President Name BILL LOESEKE			Vice-President Name NONE		
Street Address 14 HART ST			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Secretary Name DAVID PROCACCINI			Treasurer Name ALFRED D SILVIA JR		
Street Address 49 COL CHRISTOPHER GREENE RD			Street Address 127 BEACON ST		
City PORTSMOUTH	State RI	Zip 02871	City NEWPORT	State RI	Zip 02840
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT					
Director Name ELIE COHEN			Director Name THRUSTON GRAY		
Street Address 136 RHODE ISLAND AVE			Street Address 22 MAILCOACH RD		
City NEWPORT	State RI	Zip 02840	City PORTSMOUTH	State RI	Zip 02871
Director Name DAVID DUGGAN			Director Name		
Street Address 84 LINDA AVE			Street Address		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
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 _____
FOR SECRETARY OF STATE USE ONLY

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] **06-15-2016**
 Signature of Officer or Authorized Representative Date

ALFRED D SILVIA JR
 Print or Type Name of Officer or Authorized Representative

FILED

JUN 20 2016

BY 1273 DS