



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

STAMP

TOP
SECRETARY OF STATE
FILE ONLY

1. Entity ID Number 152737		2. Exact name of the Corporation THE RON DUPREY SAILING FOUNDATION, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To engage in the business of operating charter boat for educational and charitable act.			
5. Principal Office Address 5 Marina Plaza		City Newport	State RI	Zip 02840	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas R. Roos		Vice-President Name None			
Street Address 5 Marina Plaza		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Thomas R. Roos		Treasurer Name Thomas R. Roos			
Street Address 5 Marina Plaza		Street Address 5 Marina Plaza			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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 Thomas R. Roos		Director Name Donald Podesla			
Street Address 5 Marina Plaza		Street Address 5 Marina Plaza			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Kathleen DeCosta		Director Name			
Street Address 5 Marina Plaza		Street Address			
City Newport	State RI	Zip 02840	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 Thomas R. Roos				Date 1-10-17	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

MAR 06 2017

BY: 3084 DS

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

www.sos.ri.gov

FORM 631 - Revised: 05/2016