



**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:** 2017

**1. Corporate ID No.** 000026597

**2. Name of Corporation** EAST PROVIDENCE YACHT CLUB

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 9 PIER ROAD  
City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

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

No. and Street:

City or Town: State: Zip: Country:

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

ENCOURAGING THE SPORT OF YACHTING, TO PROMOTE THE SCIENCE OF SEAMANSHIP AND NAVIGATION, AND TO PROVIDE THE SCIENCE OF SCIENCE OF SEAMANSHIP AND NAVIGATION, AND TO PROVIDE AND MAINTAIN A SUITABLE CLUB HOUSE AND ANCHORAGE FOR THE RECREATION

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	ANTHONY PERRY	119 LYON AVENUE EAST PROVIDENCE, RI 02914 USA

DIRECTOR	MIKEL A PERRY	119 LYON AVENUE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	GAIL HOGAN	962 VETERANS MEMORIAL PKWY EAST PROVIDENCE, RI 02915 USA
DIRECTOR	ANTHONY PERRY	119 LYON AVE EAST PROVIDENCE, RI 02914 USA

**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**

MIKEL PERRY 9 PIER ROAD EAST PROVIDENCE , RI 02914

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

**Signed this 9 Day of April, 2017 at 11:33:21 AM 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 MIKEL PERRY  
Signature of Authorized Person

Form No. 631  
Revised 09/07