



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

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.

1. Entity ID Number 658029		2. Exact name of the Corporation West Barrington Yacht Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813319		Boating Social Organization			
6. Principal Office Address 110 shore Dr			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph S. Ruggiero Sr			Vice President Name S. Bruce Dufresne		
Street Address 1 Mayatt Point Ct			Street Address 110 shore Dr		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Paula Ruggiero			Treasurer Name Joseph Ruggiero, Jr		
Street Address 1 Mayatt Point Ct			Street Address 110 shore Dr		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. 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 Joseph S. Ruggiero, Sr			Director Name S. Bruce Dufresne		
Street Address 1 Mayatt Point Ct			Street Address 110 shore Dr		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Paula Ruggiero			Director Name		
Street Address 1 Mayatt Pt Ct.			Street Address		
City Barr	State RI	Zip 02806	City	State	Zip
9. 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative S. Bruce Dufresne					Date 6-1-17
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

JUN 05 2017

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