



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

Annual Report for the year:
Non-Profit Corporation

2017

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2017 JUL 12 PM 3:32

- 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 26473		2. Exact name of the Corporation The Narragansett Pier Sportfishing Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote sport fishing in the State of Rhode Island and to ensure protection of the state's natural resources.			
4. NAICS Code 813312					
6. Principal Office Address 676 Middlebridge Rd.		City Wakefield	State RI	Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Martin Wencek			Vice-President Name Ed Fulgo		
Street Address 676 Middlebridge Rd			Street Address 215 Scenic Dr.		
City Wakefield	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
Secretary Name Peter Milton			Treasurer Name Jim Levy		
Street Address 124 Marine Drive			Street Address 71 Wildflower Trl		
City Narragansett	State RI	Zip 02882	City Wakefield	State RI	Zip 02879
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 John Kennedy			Director Name Bruce Weinstein		
Street Address 82 Beach Plum Rd.			Street Address 185 East Hill Rd.		
City Narragansett	State RI	Zip 02882	City Cranston	State RI	Zip 02910
Director Name Ken Booth			Director Name Charles Armakjian		
Street Address 29 Franklin St.			Street Address 606 Lafayette Rd.		
City Lincoln	State RI	Zip 02865	City North Kingstown	State RI	Zip 02852
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Martin Wencek					Date
Signature of Officer/Authorized Representative <i>Martin Wencek</i>					FILED

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

JUL 12 2017

BY CH 308086

FORM 631 - Revised: 06/2017