

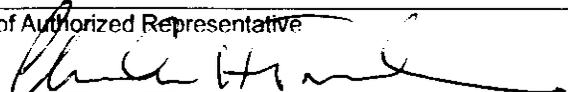
**Department of State - Business Services Division**

**Annual Report for the year:** 2017  
**Corporation**

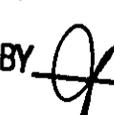
- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2017 JUL 21 PM 12:31

1. Entity ID Number <b>000007686</b>		2. Exact name of the Corporation <b>Sakonnet Yacht Club, Inc.</b>			
3. Principal Office Address <b>163 Sakonnet Point Road</b>			City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
4. NAICS Code <b>53 - Real Estate and Rental and</b>		6. Brief description of the character of business conducted in Rhode Island <b>HOLDING/MANAGEMENT OF PROPERTY TO PROMOTE INTEREST IN BOATING</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>PAUL CISSEL</b>			Vice-President Name		
Street Address <b>66 SPRING HILL ROAD</b>			Street Address		
City <b>NORTH ANDOVER</b>	State <b>MA</b>	Zip <b>01845</b>	City	State	Zip
Secretary Name <b>ERIK THOMAS</b>			Treasurer Name <b>CHARLES H. TRUSLOW</b>		
Street Address <b>322 WEST MAIN ROAD</b>			Street Address <b>519 BROOK ROAD</b>		
City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>MILTON</b>	State <b>MA</b>	Zip <b>02186</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>KARL HOYT</b>			Director Name <b>MARJORIE WHITMARSH</b>		
Street Address <b>8 WALLACE COURT</b>			Street Address <b>18 WILLOW STREET</b>		
City <b>CHARLESTOWN</b>	State <b>MA</b>	Zip <b>02129</b>	City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>
Director Name <b>ADOLF HAFENREFFER IV</b>			Director Name <b>BETSY STAPLETON</b>		
Street Address <b>ONE MARITIME DRIVE</b>			Street Address <b>12 EAST 86TH STREET</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10028</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>3802</b>		<b>CWP</b>	<b>\$10.00</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative <b>CHARLES H. TRUSLOW</b>				Date <b>JUNE 17, 2017</b>	
Signature of Authorized Representative 					

**FILED**

12:33 JUL 21 2017  
 BY  368751