

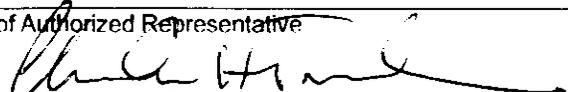
Department of State - Business Services Division

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.

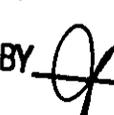
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R.I. DEPT. OF STATE
BUS SVCS DIV

2017 JUL 21 PM 12:31

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

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 272-3040

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BY  368751