State of Rhode Island and Providence Plantations Department of State - Business Services Division					
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Annual Report for the year:	2017			7 AUG	
Non-Profit Corporation → Filing period: June 1 - June 30		· ,		e,	一 所 で に に に に に に に に に に に に に
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.) 	
Penalty: Additional \$25,00 fee if	form is not tiled by	/ July 30.			SOC S
1. Entity ID Number	2. Exact name of the Corporation			a #	< A
30031	Point Judith Yacht Club			5	
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	Recreational Boating Activities				
4. NAICS Code					
713930					
6. Principal Office Address			City	State	Zip
190 Salt Pond Road			Wakefield	RI	02880
7. List ALL officers (names and addresses)				e box to indicate a	. — —
President Name Commodore Robert Rodericks			Vice-President Name Vice Commodore Jeffrey Takcs		
Street Address 70 Plum Road			Street Address 128 Cedar Island Road		
City Riverside	State RI	^{Zip} 02915	City Narragansett	State RI	^{Zip} 02882
Secretary Name Rhoda Ankner			Treasurer Name Kathleen Morrissey		
Street Address 74 Cedar Island Drive			Street Address 14 Pontiac Road		
^{City} Narragansett	State RI	^{Zip} 02882	^{City} Narragansett	State RI	^{Zip} 02882
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Commodore Robert Rodericks			Director Name Vice Commodore Jeffrey Tacks		
Street Address 70 Plum Road			Street Address 28 Cedar Island Road		
City Riverside	State RI	^{Zip} 02915	City Narragansett	State RI	^{Zip} 02882
Director Name Rhoda Ankner			Director Name Kathleen Morrissey		
Street Address 74 Cedar Island Drive			Street Address 14 Pontiac Road		
City Narragansett	State RI	^{Zip} 02882	City Narragansett	State RI	^{Zip} 02882
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 Date Kathleen Morrissey 7/27				Date 7/27/2017	
Signature of Officer/Authorized Representative					
Contraction of the Contraction					
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Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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