



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.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000028450		2. Exact name of the Corporation Sail Newport, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote and operate affordable public sailing instruction, rental programs and to create opportunities to attract new sailors to the sport.	
4. NAICS Code 532284			
6. Principal Office Address 72 Fort Adams Drive		City Newport	State RI
		Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒			
President Name Steve Kirkpatrick		Vice-President Name Amy Kempe	
Street Address 161 Frank Goeth Dr.		Street Address 259 Gibbs Ave #3	
City Portsmouth	State RI	City Newport	State RI
Zip 02871		Zip 02840	
Secretary Name Stuart Streuli		Treasurer Name Lowell Thomas	
Street Address 11 Ellery Rd.		Street Address 54 Whittier Rd.	
City Newport	State RI	City Jamestown	State RI
Zip 02840		Zip 02835	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒			
Director Name Will Donaldson		Director Name Barby MacGowan	
Street Address 269 Browns lane		Street Address 76 Center Ave	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 02842	
Director Name Mike Hill		Director Name Pat Kennedy	
Street Address 29 Hawthorne Rd.		Street Address 248 Eastis Ave	
City Jamestown	State RI	City Newport	State RI
Zip 02835		Zip 02840	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Bradford Road			Date 11/20/17
Signature of Officer/Authorized Representative 			

SIGN DOCUMENT HERE

FILED

NOV 22 2017

BY Le 318205

MAIL TO:

Division of Business Services

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#28450

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Meeting Schedule 2017

Meetings are held at the SN Activity Building on the 4th Tues. of the Month at 7:30 am unless otherwise noted.

1/24/17	7/25/17
2/28/17	NO AUGUST
3/28/17	9/26/17
4/25/17	10/24/17
5/23/17	11/28/17
6/27/17	DEC-AGM