



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 000098711

2. Name of Corporation Sakonnet Point Club

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813910

4. Corporate Address in Rhode Island

No. and Street: 11 BLUFF HEAD AVENUE

City or Town: LITTLE COMPTON

State: RI

Zip: 02837

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO OWN AND OPERATE A SOCIAL CLUB FOR THE BENEFIT OF ITS MEMBERS AND THEIR GUESTS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	R. KELLY SHERIDAN	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
TREASURER	SCOTT MORRISON	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
SECRETARY	HOLLY LIPPERT	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	JOHN MONTGOMERY	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	PAUL CISSEL	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	MARY SUTTELL	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	DIANNE KEELER BRUCE	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	DAVID OSBORN	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	DAVID MARTIN	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	MARGARET MATARONAS	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 08237 USA
DIRECTOR	SCOTT MORRISON	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	R. KELLY SHERIDAN	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	LISA HAFFENREFFER	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	ROBERT GOLFORD	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	RAY HUDNER	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	ROBERT MUELLER	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	HOWARD PENNEY	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	THOMAS VANDERSALM	11 BLUFF HEAD AVENUE LITTLE COMPTON, RI 02837 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

R. KELLY SHERIDAN ROBERTS CARROLL FELDSTEIN 10 WEYBOSSET STREET, SUITE 800
PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of May, 2018 at 3:04:03 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that

individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By R. KELLY SHERIDAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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