



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**

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
STATE OF RHODE ISLAND
USE ONLY

1. Entity ID Number 1039417		2. Exact name of the Corporation AQUIDNECK ISLAND STRIPER TEAM			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PROMOTE THE SPORT OF FISHING AND FISHING EDUCATION			
4. NAICS Code 813990 - Other Similar Orgar <input checked="" type="checkbox"/>					
6. Principal Office Address 171 CHASE ROAD		City PORTSMOUTH		State RI	Zip 02871
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name GREG F. VESPE			Vice-President Name KURT RIVARD		
Street Address 230 PAUL JAMES DRIVE			Street Address 4 HIGHLAND AVENUE		
City TIVERTON	State RI	Zip 02878	City WARREN	State RI	Zip 02885
Secretary Name MARK PACHECO			Treasurer Name PHILIP CUCKETT		
Street Address 496 EAST MAIN ROAD			Street Address 470 SANDY POINT AVENUE		
City MIDDLETOWN	State RI	Zip 02840	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PHILIP DUCKETT			Director Name GREG F. VESPE		
Street Address 470 SANDYPOINT AVENUE			Street Address 230 PAUL JAMES DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City TIVERTON	State RI	Zip 02878
Director Name COREYSMITH			Director Name		
Street Address 20 VERANDA AVENUE			Street Address		
City SWANSEA	State MA	Zip 02777	City	State	Zip
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 Kurt Rivard					Date 5/9/18
Signature of Officer/Authorized Representative <i>[Signature]</i>					FILED <i>[Initials]</i>

MAIL TO:
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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FORM 631 - Revised: 11/2017