



**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.** 000028450

**2. Name of Corporation** SAIL NEWPORT, INC.

**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

6

532284

**4. Corporate Address in Rhode Island**

No. and Street: 72 FORT ADAMS DRIVE

City or Town: NEWPORT

State: RI

Zip: 02840

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**

ENCOURAGE, PROMOTE & ADMINISTER SAILING COMPETITION, INCLUDING AMERICA'S CUP COMPETITION.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	AMY KEMPE	269 GIBBS AVE #3 NEWPORT, RI 02840 USA
TREASURER	LOWELL THOMAS	54 WHITTIER RD JAMESTOWN, RI 02835 USA
SECRETARY	WILL DONALDSON	269 BROWNS LANE MIDDLETOWN, RI 02842 USA
VICE PRESIDENT	STUART STREULI	11 ELLERY RD NEWPORT, RI 02840 USA
PAST PRESIDENT	STEVE KIRKPATRICK	161 FRANK COEHLO DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	MIKE RYAN	66 SEASCAPE AVE MIDDLETOWN, RI 02842 USA
DIRECTOR	DORY VOGEL	60 RESERVOIR CIRCLE JAMESTOWN, RI 02835 USA
DIRECTOR	MIKE HILL	6 TUCKERMAN AVE MIDDLETOWN, RI 02842 USA
DIRECTOR	SUSAN DALY	360 GIBBS AVE #7 NEWPORT, RI 02840 USA
DIRECTOR	JEN EIELSON	355 BEACON ST BOSTON, MA 02116 USA
DIRECTOR	CHARLES KENAHAN	1 TIP TOP RD SWAMPSCOTT, MA 01907 USA
DIRECTOR	BRIDGID MURPHY	28 KAY STREET NEWPORT, RI 02840 USA
DIRECTOR	MICK HARVEY	40 PARKER AVE NEWPORT, RI 02840 USA
DIRECTOR	DUNCAN SKINNER	54 FRONT STREET FALL RIVER, MA 02721 USA
DIRECTOR	BARBY MACGOWAN	76 CENTER AVE MIDDLETOWN, RI 02842 USA
DIRECTOR	ROB MACMILLAN	15 BEACON HILL RD NEWPORT, RI 02840 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**

BRADFORD S. READ 72 FORT ADAMS DRIVE NEWPORT , RI 02840

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

**Signed this 30 Day of May, 2018 at 2:19:58 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 BRADFORD S READ

Signature of Authorized Person

Form No. 631  
Revised 09/07

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