



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

Annual Report for the year: 2018
 Non-Profit Corporation

STAMP

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000155418		2. Exact name of the Corporation INTERNATIONAL TWELVE METRE ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CLASS ASSOCIATION FOR 12 METRE YACHTS CONTROLS CLASS BY LAWS, MEASUREMENT CERTIFICATES, ORGANIZES SOME RACING			
4. NAICS Code 713990					
6. Principal Office Address 7 WARNER ST			City NEWPORT	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name W.H. DYER JONES			Vice-President Name PETER A GERARD		
Street Address 320 THAMES ST. #1100			Street Address 2633 MCKINNEY AVENUE 3077 JK 130-499		
City NEWPORT	State RI	Zip 02840	City DALLAS	State TX	Zip 75204
Secretary Name SALLY ANN SANTOS			Treasurer Name A.R.G. WALLACE		
Street Address 7 WARNER ST			Street Address 13 GREENOUGH PL		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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 LUIGI LANG			Director Name PATRICK HOWARDT		
Street Address VIA SAINT ANGELO DI ROVENTO 15			Street Address DROMMINGGAARDS 41		
City GENOA	State ITALY	Zip 1-16043	City HOLTE	State DENMARK	Zip 2840
Director Name W.H. DYER JONES			Director Name A.R.G. WALLACE		
Street Address 320 THAMES ST # 1100			Street Address 13 GREENOUGH PL		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	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 A.R.G. WALLACE					Date 6/13/18
Signature of Officer/Authorized Representative <i>A.R.G. Wallace</i> SIGN DOCUMENT HERE					

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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JUN 15 2018

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