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

FILED
MAR 04 2019
BY 1569

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.

1. Entity ID Number	2. Exact name of the Corporation
001678122	PHRF-NB
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Determine and manage rating system for sailboats used for racing.
4. NAICS Code: 813990 - Other Similar Organiz	

6. Principal Office Address	City	State	Zip
70 Brayton Rd	Tiverton	RI	02878

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Mark Nannini			Vice-President Name: Will Museler		
Street Address: 70 Brayton Rd.			Street Address: 189 Water St.		
City: Tiverton	State: RI	Zip: 02878	City: Portsmouth	State: RI	Zip: 02871
Secretary Name: Robert Horton			Treasurer Name: Roy Guay		
Street Address: 294 Burnt Hill Rd.			Street Address: 154 Narragansett Ave.		
City: Hope	State: RI	Zip: 02831	City: Jamestown	State: RI	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: TODD JOHNSTON			Director Name: PAUL GRIMES		
Street Address: ONE DIVISION ST.			Street Address: 62 BENJAMIN DRIVE		
City: EAST GREENWICH	State: RI	Zip: 02818	City: PORTSMOUTH	State: RI	Zip: 02871
Director Name: PAUL CRONIN			Director Name:		
Street Address: 234 NARRAGANSETT AVE.			Street Address:		
City: JAMESTOWN	State: RI	Zip: 02835	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	Date
Mark Nannini	2/8/2019

Signature of Officer/Authorized Representative: Mark Nannini

MAIL TO:
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