RI SOS Filing Number: 201995745460 Date: 6/6/2019 4:00:00 PM

S. . e of Rhode Island and Providence Plantations

D\_partment of State - Business Services Division

Annual Port for the year: 2019

## **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

FILED
JUN 0 6 2019

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			RY		·	
Entity ID Number	2. Exact nan	ne of the Corporatio	n			
000030494	Twent	y Hundred	Club			
3 State of Incorporation	5 Brief desc	5 Brief description of the character of business conducted in Rhode Island				
RI	Associatio	Association of sailboat racers, promoting sailing and organizing distance racing.				
4. NAICS Code						
813312 - Environment, Con	serv					
6 Principal Office Address			City	State	Zip	
2 Gaspee Point Drive			Warwick	RI	02888	
7. List ALL officers (names ar	nd addresses)			Check the box to indi	cate an attachment	
President Name Marcus Cochran			Vice-President Name Nicholas Bowen			
Street Address 5 Nautilus St.			Street Address 228 Blackberry Hill Drive			
City Jamestown	State RI	Zip 02835	City Wakefield	State RI	Zip 02879	
Secretary Name Gary Venable			Treasurer Name Peter Michaelson			
Street Address 170 Lambie Circle			Street Address 2 Gaspee Point Drive			
City Portsmouth	State RI	Z <sub>IP</sub> 02871	City Warwick	State RI	Zip 02888	
8 List ALL directors (names a	and addresses). RI	Corporations MUST	list at least THREE directors.	Charlesha hay to rade		
Director Name Lisa Hammond	<del></del>		Director Name Bill Kneller	Check the box to indi	cate an attachment L	
Street Address P.O. Box 2632	2		Street Address 9 Cromwell	Drive		
<sup>City</sup> Newport	State RI	Zip 02840	City Portsmouth	State RI	<sup>Zıp</sup> 02871	
Director Name David Lodge			Director Name EC Helme			
Street Address 34 Farewell Street			Street Address 46 Almy Street			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 03840	
Registered Agent in Rhode	e Island. This informa	tion is currently of reci	ord in the Department of State Cha	anges require filing Form 6	<del></del>	
Under penalty of perjury, I of statements, and that all sta			ed this report, including any	accompanying sched	lules and	
<del></del>	<del></del>		Secretary Treasurer, duly Authorized R	Representative, Receiver or Tro	ıstee	
Name of Officer/Authorized Representative				Date		
Peter Michaelson	-			1. June, 2019		
Signature of OfficeryAuthorize	d Representative	······································				
Set Mi		TaC, q at g	COMENT HERE			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Nebsite: www.sos.ri.gov