



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

Annual Report 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 06 2019

BY

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1. Entity ID Number 000030494		2. Exact name of the Corporation Twenty Hundred Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Association of sailboat racers, promoting sailing and organizing distance racing.			
4. NAICS Code 813312 - Environment, Conserv					
6. Principal Office Address 2 Gaspee Point Drive			City Warwick	State RI	Zip 02888
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02871	City Warwick	State RI	Zip 02888
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 Lisa Hammond			Director Name Bill Kneller		
Street Address P.O. Box 2632			Street Address 9 Cromwell Drive		
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 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
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 Peter Michaelson				Date 1. June, 2019	
Signature of Officer/Authorized Representative 					

MAIL TO:
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