RI SOS Filing Number: 201905594740 Date: 7/19/2019 4:00:00 PM



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.

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1. Entity ID Number	2 Evact name o	if the Corporation					
001678122	2. Exact name of the Corporation PHRF-NB						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
RI	. Determine and manage rating system for sailboats used for racing.						
4. NAICS Code							
813990 - Other Similar Organiz:							
6. Principal Office Address	<u></u>		City	State	Zip		
11 Forsyth St.			Somerset	MA	02726		
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	Z _{IP} 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 Kenneth Madeiro			Director Name Todd Johnston				
Street Address 9 Belcourt Ave.			Street Address 1 Division St.				
City Bristol	State RI	Zip 02809	City East Greenwich	State RI	Zip 02818		
Director Name Paul Grimes			Director Name Paul Cronin				
Street Address 62 Benjamin Drive			Street Address 234 Narragansett Ave.				
City Portsmouth	State RI	Zip 02871	City Jamestown	State RI	Zip 02835		
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, Vica-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee							
Name of Officer/Authorized Representative MACK NANNING				Date 7/18/	Date 7/18/7019		
Signature of Officer/Authorized Representative SIGN DOCUMENT RE							

MAIL TO:

Division of Business Services

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

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

PHRF-NB

2019 Additional Directors

MOOSE McCLINTOCK

198 Canonchet Drive Portsmouth, RI 02871

VINCENT McATEER

2 Crystal Court East Greenwich, RI 02818

RANDALL SHORE

634 Black Point Lane Portsmouth, RI 02871

DON KERN

32 Defiance Avenue Bristol, RI 02809