



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.

1. Entity ID Number 000027357		2. Exact name of the Corporation THE FORT WETHERILL BOAT OWNERS & OPERATORS			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island GENERAL RECREATIONAL BOATING			
4. NAICS Code 713930					
6. Principal Office Address 2 OLD WALCOTT AVENUE		City JAMESTOWN	State RI	Zip 02835	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name KARL SEELIG			Vice-President Name MARK LIBERATI		
Street Address 11 DECK STREET			Street Address 2 OLD WALCOTT AVE.		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Secretary Name MICHAEL CASEY			Treasurer Name MICHAEL F. SCHNACK		
Street Address 756 NORTH ROAD			Street Address 36 CLARKE STREET		
City JAMESTOWN	State RI	Zip 02835	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 <input type="checkbox"/>					
Director Name KARL SEELIG			Director Name MARK LIBERATI		
Street Address 11 DECK STREET			Street Address 2 OLD WALCOTT AVE.		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Director Name MICHAEL CASEY			Director Name MICHAEL F. SCHNACK		
Street Address 756 NORTH ROAD			Street Address 36 CLARKE STREET		
City JAMESTOWN	State RI	Zip 02835	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative MARK LIBERATI, VICE PRES				Date 9/16/19	
Signature of Officer/Authorized Representative 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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