



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000098711

**2. Name of Corporation** Sakonnet Point Club

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813910

**4. Corporate Address in Rhode Island**

No. and Street: 11 BLUFF HEAD AVENUE

City or Town: LITTLE COMPTON

State: RI

Zip: 02837

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO OWN AND OPERATE A SOCIAL CLUB FOR THE BENEFIT OF ITS MEMBERS AND THEIR GUESTS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| PRESIDENT    | SCOTT MORRISON  | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| TREASURER    | HOWARD PENNEY   | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| SECRETARY    | HOLLY LIPPERT   | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| DIRECTOR     | MARY SUTTELL  | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| DIRECTOR     | ROBERT MUELLER  | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| DIRECTOR     | DIANNE KEELER BRUCE                                   | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| DIRECTOR     | HOWARD PENNEY   | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| DIRECTOR     | ROBERT GALFORD  | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| DIRECTOR     | DAVID MARTIN  | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| DIRECTOR     | THOMAS VANDERSALM                                     | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| DIRECTOR     | LISA HAFFENREFFER                                     | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| DIRECTOR     | SCOTT MORRISON  | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| DIRECTOR     | ROBERTA CAPUANO                                       | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| DIRECTOR     | NANCY GOODWIN   | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| DIRECTOR     | MIKE HUDNER   | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| DIRECTOR     | RYAN WAGNER   | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |
| DIRECTOR     | JONI WALSER   | 11 BLUFF HEAD AVENUE<br>LITTLE COMPTON, RI 02837 USA              |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

R. KELLY SHERIDAN ROBERTS CARROLL FELDSTEIN 10 WEYBOSSET STREET, SUITE 800  
PROVIDENCE , RI 02903

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

*Signed this 26 Day of May, 2020 at 9:19:36 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By R. KELLY SHERIDAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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