



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

FILED

MAY 27 2020

BY 17742

Annual Report for the year: 2020
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 1039417		2. Exact name of the Corporation AQUIDNECK ISLAND STRIPER TEAM			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Promote the sport of fishing and fishing education			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address 171 Chase Rd.		City Portsmouth	State RI	Zip 02871	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kurt Rivard		Vice-President Name T.J. Harris			
Street Address 4 Highland Road		Street Address 955 Wapping Road			
City Warren	State RI	Zip 02885	City Middletown	State RI	Zip 02842
Secretary Name Eric P. Chappell		Treasurer Name Philip Duckett			
Street Address 171 Chase Road		Street Address 470 Sandy Point Ave.			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
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 Philip Duckett		Director Name Greg F. Vespe			
Street Address 470 Sandy Point Ave		Street Address 230 Paul James Drive			
City Portsmouth	State RI	Zip 02871	City Tiverton	State RI	Zip 02878
Director Name Corey Smith		Director Name			
Street Address 20 Veranda Ave.		Street Address			
City Swansea	State Ma.	Zip 02777	City	State	Zip
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 Eric P. Chappell				Date 5/21/2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov