	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	
HOPE	(401) 222-3040	
Non-Profit Corpora Annual Report	ition	
Filing Period: June 1 - Ju	ine 30	
	6.L. 7-6-94, each corporation failing or refusing to file its annual escribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of	
ANNUAL REPORT YEA	AR: <u>2020</u>	
1. Corporate ID No.	000026636	
2. Name of Corporation	on Apponaug Harbor Yacht Club	
3. State of Incorporat	ion	
State: <u>RI</u>		
of activity in which your based on the chosen se	beled NAICS Code below, select the classification title that describes the entity engages. The box to the right of the dropdown will populate a NAIC election. If the NAICS Code is known, enter it into the box on the right. For a classification <u>click here.</u>	S Code
NAICS Code		6
<u>713990</u>		
4. Corporate Address	in Rhode Island	
No. and Street:	P.O. BOX 7628	
City or Town:	WARWICKState: RIZip: 02887Country:	USA
5. Foreign Corporation	n. Enter Principal Office Address	
No. and Street:		
City or Town: S	tate: Zip: Country:	
6. Brief Description of	the Character of the Affairs Which are Actually Conducted in Rho	de Island
TO RUN YACHT RA	ACES AND FOR GATHERINGS.	
7. Names and Address	ses of the Officers and Directors:	
	ctors must be listed. If officers and/or directors have been elected, onger applicable; please delete	the title
THE NUMBER OF DIRECT	ORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN TH	REE(3). R.I.G.L.

7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	ROBERT F KEMPE	156 NORTHBRIAR DR
		N KINGSTOWN, RI 02852 USA
SECRETARY	CATHERINE KEMPE	156 NORTHBRIAR DR
		N KINGSTOWN, RI 02852 USA
DIRECTOR	MARIA DONNELLY	3436 WEST SHORE RD
		WARWICK, RI 02888 USA
DIRECTOR	MICHEAL MEDEIROS	24 BLANCHARD AVE
		WAWICK, RI 02888 USA
DIRECTOR	WILLAM MASOPUST	187 GRAND VIEW DR
		WARWICK, RI 02886 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

SUZANNE KOLE 56 DORMAN AVENUE NORTH PROVIDENCE, RI 02904

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

**Signed this 18 Day of June, 2020 at 10:27:09 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 <u>ROBERT F KEMPE</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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