



**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. 001698121

2. Name of Corporation National Sailing Hall of Fame & Museum, Inc.

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
813990

4. Corporate Address in Rhode Island

No. and Street: 365 THAMES ST
City or Town: NEWPORT State: RI Zip: 02840 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

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES TO PROMOTE SAILING BY PRESERVING AMERICAS SAILING LEGACY BY RECOGNIZING ITS HEROES BY HIGHLIGHTING SAILINGS CONTRIBUTION TO THE AMERICAN CULTURE AND EXPERIENCE AND DEMONSTRATING ITS VALUE AS A HANDS-ON TOOL FOR TEACHING AND FOR OTHER PURPOSES WHICH MAY BE CONDUCTED BY A NOT FOR PROFIT EXEMPT ORGANIZATION UNDER SECTION 501C3 OF THE INTERNAL REVENUE CODE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GUSTAV CARLSON	365 THAMES ST NEWPORT, RI 02840 USA
TREASURER	JAMES HILTON	365 THAMES ST NEWPORT, RI 02840 USA
SECRETARY	CHRISTOPHER OTOTOWSKI	365 THAMES ST NEWPORT, RI 02840 USA
VICE PRESIDENT	THOMAS WHIDDEN	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	WILLIAM CAMPBELL	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	MARGARET COMFORT	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	C. RICHARD DAMATO	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	CHARLES DANA	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	DAVID ELWELL	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	DICK FRANYO	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	PETER GERARD	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	JAMES GUBELMANN	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	SALLY HELME	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	DAVID HOUCK	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	GARY JOBSON	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	PAM RORKE LEVY	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	ELWELL POTTS III	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	ANDREW ROSE	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	ARTHUR SANTRY	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	W. CRAYTON WALTERS III	365 THAMES ST NEWPORT, RI 02840 USA
DIRECTOR	CORY SERTL	365 THAMES ST NEWPORT, RI 02840 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

JOHN R. GOWELL 1301 ATWOOD AVENUE, SUITE 215N JOHNSTON , RI 02919

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

Signed this 30 Day of June, 2020 at 12:54:07 PM 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 KATIE BARKER
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2020 State of Rhode Island and Providence Plantations
All Rights Reserved