



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

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: **2020**
Non-Profit Corporation

2020 JUL 22 AM 9:08

- 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 000033852		2. Exact name of the Corporation Wickford Yacht Club			
3. State of Incorporation DE		5. Brief description of the character of business conducted in Rhode Island Sport or yachting			
4. NAICS Code 813990 - Other Similar Orgs					
6. Principal Office Address 165 Pleasant Street		City North Kingstown	State RI	Zip 02852	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Shore			Vice-President Name Robert Kern		
Street Address PO Box 323			Street Address 200 Cottrell Road		
City North Kingstown	State RI	Zip 02852	City Saunderstown	State RI	Zip 02874
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Niel Bergh			Director Name Ben Rice		
Street Address 222 Wickford Point Road			Street Address 46 West Cove Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Ezra Smith			Director Name Rich O'Brien		
Street Address 74 Enfield Avenue			Street Address 62 Seawynnds Drive		
City Wickford	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
9. Registered Agent In Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<i>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>					
<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 Ben Rice/ Treasurer				Date 7/15/2020	
Signature of Officer/Authorized Representative <i>Benjamin M. Rice</i>				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

FILED ✓

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FORM 631 - Revised: 06/2019

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