RI SOS Filing Number: 202065272790 Date: 10/15/2020 3:18:00 PM

State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2020 OCT 15 P 3:18

Annual Report for the year: 2020 amended

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	2. Exact name of the Corporation
000155418	International Twelve Metre Association
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Governing body of the International Twelve Metre Association
4. NAICS Code: 713990	

6. Principal Office Address	City	State	Zip
7 Warner Street	Newport	RI	02840

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Paul Buttrose			Vice-President Name:		
Street Address: 1040 SE 14th # 12c			Street Address:		
City: Ft Lauderdale	State: FL	Zip: 33316	City:	State:	Zip:
Secretary Name: SallyAnne Santos			Treasurer Name: A R G Wallace		
Street Address: 7 Warner Streer			Street Address: 60 Bay Ridge Drive		
City: Newport	State: RI	Zip: 02840	City: Middletown	State: RI	Zip: 02842

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: Patrick Howaldt			Director Name: Jack LeFort		
Street Address: Dromminggaards Alie 41			Street Address: 75 Walcott Avenue		
City: Holte	State: DNK	Zip: 2840	City: Jamestown	State: R I	Zip: 02835
Director Name: Dyer Jones			Director Name:		
Street Address: 320 Thames Street			Street Address:		
City: Newport	State: RI	Zip: 02840	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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.

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

Name of Officer/Authorized Representative	Date
A. R. G. WALLACE	10/12/20

Signature of Officer/Authorized Representative: Arg Wallace.

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020

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State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

October 15, 2020 03:18 PM

Nellie M. Gorbea
Secretary of State