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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2020 CCT 15 P 3:18.

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

→ Filing period: June 1 - June 30

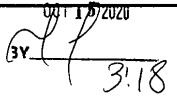
Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee i	I form is not filed b	y July 30.					
1. Entity ID Number	2. Exact name of the Corporation						
000155418	International Twelve Metre Association						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Governing body of the International Twelve Metre Association						
4. NAICS Code 713 930 •	<b>1</b>						
6. Principal Office Address			City	State	Zip		
7 Warner Street			Newport	RI	02840		
7. List ALL officers (names and ac	ldresses)			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 AŁL directors (names and a	addresses). RI Co	orporations MUST	list at least THREE directors.	Check the box to indic	cate an attachment		
Director Name Patrick Howaldt			Director Name Jack LeFort				
Street Address Dromminggaards Alie 41			Street Address 75 Walcott Avenue				
<sup>City</sup> Holte	State DNK	Zip 2840	City Jamestown	State R I	<sup>Zip</sup> 02835		
Director Name Dyer Jones			Director Name				
Street Address 320 Thames Street			Street Address				
City Newport	State RI	<sup>Zip</sup> 02840	City	State	Zip		
9. The Registered Agent informati	ion of record with	the RI Departme	nt of State is accurate. Change	es require filing Form 64	1.		
Under penalty of perjury, I decl statements, and that all statem				y accompanying sched	ules and		
This report must be signed by either the Pr	esident, Vice-Presiden	it, Secretary, Assistant	Secretary, Treasurer, duly Authorized i	Representative, Receiver or Tru	stee.		
Name of Officer/Authorized Representative  A. C. G. WALLACE				Date 10/12	. 120		
		· <u> </u>	ETTE P E .		/		
Signature of Officer/Authorized Representative FILED							
W 1 1/5/2020							

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



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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

Tulli U. Horler

