



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

FILED

JUN 09 2021

BY 1301

Annual Report for the year: **2021**

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 000027609		2. Exact name of the Corporation NEWPORT SAIL AND POWER SQUADRON INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island BOATING SAFETY AND EDUCATION			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address 127 BEACON ST		City NEWPORT	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BILL LOESKE		Vice-President Name NONE			
Street Address 14 HART ST		Street Address			
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Secretary Name DAVID PROCACCINI		Treasurer Name ALFRED D SILVIA JR			
Street Address 49 COL CHRISTOPHER GREENE RD		Street Address 127 BEACON ST			
City PORTSMOUTH	State RI	Zip 02871	City NEWPORT	State RI	Zip 02840
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 BILL LOESKE		Director Name ALFRED D SILVIA JR			
Street Address 14 HART ST		Street Address 127 BEACON ST			
City MIDDLETOWN	State RI	Zip 02842	City NEWPORT	State RI	Zip 02840
Director Name DAVID PROCACCINI		Director Name			
Street Address 49 COL CHRISTOPHER GREENE RD		Street Address			
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<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 ALFRED D SILVIA JR				Date 06/04/2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
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