



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

Annual Report for the year:

Non-Profit Corporation 2021

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

JUN 14 2021

BY [Signature]

1. Entity ID Number 000031487		2. Exact name of the Corporation BLUE WATER SPORTSMAN'S CLUB, INC	
3. State of Incorporation Rhode ISLAND		5. Brief description of the character of business conducted in Rhode Island FISHING - HUNTING - RECREATION	
4. NAICS Code 813319			
6. Principal Office Address PO BOX 6895		City WARWICK	State RI
		Zip 02887	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOHN LAWRENCE		Vice-President Name TIM VOTTA	
Street Address 123 BUNGY ROAD		Street Address 7 STANFORD STREET	
City N. SCITUATE	State RI	Zip 02857	City WARWICK
			State RI
			Zip 02888
Secretary Name BRANDEN A PONTE		Treasurer Name TOM O'DONNELL	
Street Address 82 IVY STREET		Street Address PO BOX 216 - 307 CANNONCHET ROAD	
City PROVIDENCE	State RI	Zip 02906	City ROCKVILLE HOPKINTON
			State RI
			Zip 02883
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 JOE RYFA		Director Name JIM FLETCHER	
Street Address 1 DALL DRIVE		Street Address 151 LAKE SHORE DRIVE	
City JOHNSTON	State RI	Zip 02919	City WARWICK
			State RI
			Zip 02889
Director Name JIM MACERA		Director Name	
Street Address 10 RAILROAD STREET		Street Address	
City SLATERVILLE	State RI	Zip 02876	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 Thomas Donnell Treasurer		Date 6-11-21	
Signature of Officer/Authorized Representative Thomas Donnell			

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