



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

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.

FILED
 STAMP
 JUL 15 2021
 BY ing

1. Entity ID Number 000033852		2. Exact name of the Corporation Wickford Yacht Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Sport of Yachting			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address 165 Pleasant Street		City North Kingstown		State RI	Zip 92852
7. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert Kern		Vice-President Name Neil Bergh			
Street Address 200 Cotrell Rd		Street Address 222 Wickford Point Rd			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Richard O'Brien		Treasurer Name Benjamin Rice			
Street Address 62 Seawynas Unve		Street Address 46 West Cove Dr			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Ezra Smith		Director Name Rex Brewer			
Street Address 74 Enfield Ave		Street Address 245 Phillips St			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Robert Shore		Director Name			
Street Address PO Box 323		Street Address			
City North Kingstown	State RI	Zip 02852	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 Neil Bergh				Date 7/12/13	
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
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 Website: www.sos.ri.gov