



State of Rhode Island
Department of State - Business Services Division

FILED

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.

AUG 04 2021
BY **13326**
[Signature]

1. Entity ID Number 000131407		2. Exact name of the Corporation American Yacht Charter Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To increase professionalism, integrity, and communication among members of the yacht club industry.			
4. NAICS Code 813920 - Professional Organiz <input type="checkbox"/>					
6. Pnncipal Office Address 2805 East Oakland Park Blvd., #324		City Forth Lauderdale	State FL	Zip 33306	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carol Kent		Vice-President Name Jenny Trotter			
Street Address 144 Pleasant Street		Street Address P.O. Box 148			
City Marblehead	State MA	Zip 02945	City Irvington	State VA	Zip 22480
Secretary Name Karen Kelly Shea		Treasurer Name Carol Kent			
Street Address 109 Long Wharf		Street Address 144 Pleasant Street			
City Newport	State RI	Zip 02840	City Marblehead	State MA	Zip 01945
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 Sandy Carney		Director Name Kathleen Mullen			
Street Address 128 Long Wharf		Street Address Road Town British Islands			
City Newport	State RI	Zip 02840	City	State	Zip
Director Name LeAnn Pliske		Director Name Robert Saxson			
Street Address 8406 SE 17th St.		Street Address Harbour Towne Marina, 817 NE 3rd St.			
City Fort Lauderdale	State FL	Zip 33316	City Dania Beach	State FL	Zip 33004
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.					
<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 Carol Kent, President				Date 7.27.2021	
Signature of Officer/Authorized Representative <i>Carol Kent</i>					

MAIL TO:
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