RI SOS Filing Number: 202101896050 Date: 9/21/2021 12:16:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

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. REULIVED R.I. DEPT OF STATE BUS SYCS DIV

2021 SEP 21 PM 12: 16

1. Entity ID Number 001678122	2. Exact name of the Corporation PHRF-NB				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	Determine and manage rating system for sailboats used for racing.				
4. NAICS Code					
813990 -					
6. Principal Office Address			City	State	Zip
11 Forsyth St.			Somerset	MA	02726
7. List ALL officers (names and addresses) Check the box to indicate an attachmen					n attachment
President Name Don Kern			Vice-President Name Will Museler		
Street Address 32 Defiance Avenue			Street Address 189 Water Street		
^{City} Bristol	State RI	^{Zip} 02809	^{City} Portsmouth	^{State} RI	^{Zip} 02871
Secretary Name Robert Horton			Treasurer Name Roy Guay		
Street Address 294 Burnt Hill Road			Street Address 154 Narragansett Ave.		
City Hope	State RI	^{Zip} 02831	^{City} Jamestown	State RI	^{Zip} 02835
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					
Director Name Kenneth Madeiro			Director Name Todd Johnston		
Street Address 9 Belcourt Avenue			Street Address One Division Street		
City Bristol	^{State} RI	^{Zip} 02809	City East Greenwich	State RI	^{Zip} 02818
Director Name Paul Grimes			Director Name		
Street Address 62 Benjamin Drive			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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Repres Roy Guay		Date 9/16/2021			
Signature of Officer/Authorized Representative					
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Phone: (401) 222-3040 Website: www.sos.ri.gov	C	/ (EP 2 1 2021	1 - Revised: 05/2017 Ω

AMENDED

State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

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:

September 21, 2021 12:16 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

