



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

Annual Report for the year: **2020** *AMENDED*

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 SEP 21 PM 12:16

1. Entity ID Number 001678122		2. Exact name of the Corporation PHRF-NB			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Determine and manage rating system for sailboats used for racing.			
4. NAICS Code 813990					
6. Principal Office Address 11 Forsyth St.		City Somerset	State MA	Zip 02726	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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. Check the box to indicate an attachment <input type="checkbox"/>					
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.					
<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 Roy Guay				Date 9/16/2021	
Signature of Officer/Authorized Representative <i>Roy H. Guay</i>				SIGNATURE HERE	

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

SEP 21 2021
 BY *[Signature]*
 FORM 631 - Revised: 05/2017
 12/16