



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 000029659

2. Name of Corporation COASTERS HARBOR NAVY YACHT CLUB, INC.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



713930

4. Principal Office Address

No. and Street: P.O. BOX 3236

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROMOTE THE ENJOYMENT OF RECREATIONAL AND COMPETITIVE BOATING
AND SAILING

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KIM MARCIA LYONS	246 GIBBS AVE NEWPORT, RI 02840 USA

TREASURER	CHARLES JENISON	3 LEVEL ACRES RD SOUTH ATTLEBORO, MA 02703 USA
SECRETARY	MONICA BLANCHARD	127 CREST AVE SOUTH KINGSTOWN, RI 02879 USA
VICE PRESIDENT	COLIN NEVINS	17 WEST ST. NEWPORT, RI 02840 USA
DIRECTOR	TRIPP ALYN	PO BOX 994 NEWPORT, RI 02840 USA
DIRECTOR	RON OARD	121 LIGHTHOUSE VIEW DR MIDDLETOWN, RI 02842 USA
DIRECTOR	RICHARD COUPLAND	335 SWEET ALLEN FARM WAKEFIELD, RI 02879 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

BILL KNELLER 9 CROMWELL DRIVE PORTSMOUTH , RI 02871-1347

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of July, 2022 at 10:18:36 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CHARLES S JENISON
Signature of Authorized Person

Form No. 631
Revised 09/07

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