



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2022 OCT -6 AM 11:37

1. Entity ID Number 000100401		2. Exact name of the Corporation Oregon Native Ltd			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE ONE OR MORE SAILING OR OTHER VESSELS FOR RECREATIONAL, SOCIAL AND ATHLETIC PURPOSES.			
4. NAICS Code 713990					
6. Principal Office Address 538 Dale Dr			City Incline Village	State NV	Zip 89451
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank Delfer			Vice-President Name		
Street Address 538 Dale Dr			Street Address		
City Incline Village	State NV	Zip 89451	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Frank Delfer			Director Name Chuck Clupper		
Street Address 538 Dale Dr			Street Address 12545 Oak Glen Dr		
City Incline Village	State NV	Zip 89451	City Reno	State NV	Zip 89511
Director Name Jaden Delfer			Director Name		
Street Address 7039 Maita Circle			Street Address		
City Sacramento	State CA	Zip 95825	City	State	Zip
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 Frank Delfer					Date 06 October 2022
Signature of Officer/Authorized Representative <i>Frank Delfer</i> 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

OCT 06 2022
 BY RYJA
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 FORM 631 - Revised: 11/2021