



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:

2020

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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BUS SVCS DIV

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1. Entity ID Number <b>000100401</b>		2. Exact name of the Corporation <b>Oregon Native Ltd</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO OWN AND OPERATE ONE OR MORE SAILING OR OTHER VESSELS FOR RECREATIONAL, SOCIAL AND ATHLETIC PURPOSES.</b>			
4. NAICS Code <b>713990</b>					
6. Principal Office Address <b>538 Dale Dr</b>			City <b>Incline Village</b>	State <b>NV</b>	Zip <b>89451</b>
7. List ALL officers (names and addresses). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Frank Delfer</b>			Vice-President Name		
Street Address <b>538 Dale Dr</b>			Street Address		
City <b>Incline Village</b>	State <b>NV</b>	Zip <b>89451</b>	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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Frank Delfer</b>			Director Name <b>Chuck Clupper</b>		
Street Address <b>538 Dale Dr</b>			Street Address <b>12545 Oak Glen Dr</b>		
City <b>Incline Village</b>	State <b>NV</b>	Zip <b>89451</b>	City <b>Reno</b>	State <b>NV</b>	Zip <b>89511</b>
Director Name <b>Jaden Delfer</b>			Director Name		
Street Address <b>7039 Maita Circle</b>			Street Address		
City <b>Sacramento</b>	State <b>CA</b>	Zip <b>95825</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>Frank Delfer</b>				Date <b>06 October 2022</b>	
Signature of Officer/Authorized Representative <i>Frank Delfer</i> <b>FILED</b>					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 631 - Revised: 11/2021

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