



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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.

FILED STAMP

APR 03 2023

BY 6570

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1. Entity ID Number 000030122		2. Exact name of the Corporation WESTERLY YACHT CLUB			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PRIVATE YACHT CLUB			
4. NAICS Code 813910					
6. Principal Office Address 1 WATCH HILL ROAD			City WESTERLY	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD SHAWN BECK			Vice-President Name JON LALLO		
Street Address 433 SETTLERS LANDING			Street Address 10 BAYVIEW DRIVE		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name			Treasurer Name JOHN CALLANAN		
Street Address			Street Address 2 OCIAN RIDGE DRIVE		
City	State	Zip	City WESTERLY	State RI	Zip 02891
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 MILAN MOSCARITOLO			Director Name RICHARD BROWN		
Street Address 16 HORNE DRIVE			Street Address 7 MARGIN STREET		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name EMILY TUNILA			Director Name SHAUN TINE		
Street Address 23 PHEASANT RUN ROAD			Street Address 128 SHARP HILL ROAD		
City STONINGTON	State CT	Zip 06378	City UNCASVILLE	State CT	Zip 06382
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.					
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 Representative Shawn Beck				Date 3/28/23	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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