



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Non-Profit Corporation

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R.I. DEPT. OF STATE  
BUS SVCS DIV

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

2023 APR 27 P 2:24

1. Entity ID Number <b>26473</b>		2. Exact name of the Corporation <i>The Narragansett Pier Sportfishing Association</i>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <i>To promote sportfishing in the state of Rhode Island and to ensure protection of the state's natural resources.</i>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <i>40 Martin Wencek 676 Middlebridge Rd.</i>			City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</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 <i>Martin Wencek</i>			Vice-President Name <i>Ed Folgo</i>		
Street Address <i>676 Middlebridge Rd.</i>			Street Address <i>215 Scenic Drive</i>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <i>Peter Milton</i>			Treasurer Name <i>Jim Levy</i>		
Street Address <i>124 Marine Drive</i>			Street Address <i>71 Wildflower Trl.</i>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
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 <i>John Kennedy</i>			Director Name <i>Ken Booth</i>		
Street Address <i>82 Beach Plum Dr.</i>			Street Address <i>29 Franklin St.</i>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Director Name <i>Roger Lima</i>			Director Name		
Street Address <i>48 Lakeside Drive</i>			Street Address		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02816</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>					
<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 <b>MARTIN WENCEK</b>					Date <b>April 27, 2023</b>
Signature of Officer/Authorized Representative <i>Martin Wencek</i>					

**FILED 224**  
**APR 27 2023**  
**BY 7639**

MAIL TO:  
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Website: www.sos.ri.gov