RI SOS Filing Number: 202335296800 Date: 5/3/2023 4:00:00 PM

State of Rhode Islan Department of St Annual Report for the year: Corporation  → Filing period: February 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00		Division FILED  MAY 0 3 2023  13Y Y					
1. Entity ID Number	2. Exact name of the Corporation						
001693544	Sail North						
Principal Office Address     456 Wickford Point Road			<u> </u>	Kingstown	State RI		<sup>Zip</sup> 02852
4. NAICS Code	1		r of business conducted in Rhode Island				
624110 5. State of Incorporation RI	To raise funds for the purpose of encouraging and supporting youth sailing in the Rhode Island communities of Jamestown and North Kingstown						
7. List ALL officers (names and ad	Check the box to indicate an attachment						
President Name Dean Balcirak	Vice-President Name						
Street Address 16 Mallet Lane			Street Address				
City North Kingstown	State RI	<sup>Zip</sup> 02852	City		State		Zip
Secretary Name Kim Norton O'	Treasurer Name Christine Bush						
Street Address 456 Wickford Point Road			Street Address 384 Wickham Road				
City North Kingstown	State RI	<sup>Zip</sup> 02852	City Nort	h Kingstown		રા	<sup>Zip</sup> 02852
8. List ALL directors (names and addresses)  Check the box to indicate an attachment   Director Name  Check the box to indicate an attachment							
Dean Balcirak	Director Name Kim Norton O'Brien						
Street Address 16 Mallet Lane			Street Address 456 Wickford Point Road				
City North Kingstown	State RI	<sup>Z<sub>ip</sub></sup> 02852		h Kingstown	State	RI	<sup>Zip</sup> 02852
Director Name Christine Bush	Director Name Elizabeth O'Flaherty						
Street Address 384 Wickham F	Street Address 42 Misty Meadow Lane						
<sup>City</sup> North Kingstown	State RI	<sup>Zip</sup> 02852	City Nort	h Kingstown	State	RI	Zip 02852
9. Shares Authorized	and in the	10. Shares Issue			he box to indicate an attachment  PAR VALUE  PAR VALUE		
This information is currently of record in the Department of State.  Changes require an additional filing.		None		CONSTRUCT	,		774(47400
		None				ļ	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.						ls of a re-	
Under penalty of perjury, I decla					panying	schedule	s and
statements, and that all statements contained herein are true and correct.							
Name of Authorized Representative Christine Bush					Date 04-30-2023		
Signature of Authorized Represen	tative						

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

## DIRECTOR:

Emilie Tamboe, 15 Maple Ave., Jamestown, RI 02835

FILED MAY 0 3 2023