



**State of Rhode Island
Department of State - Business Services Division**

FILED

MAY 22 2023
EY 43
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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.

1. Entity ID Number 000132677		2. Exact name of the Corporation Newport Yacht Club Endowment Fund			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide funds for the maintenance and support of the Newport Yacht Club Endowment Fund a sponsored scholarship fund for students in marine related fields to attend an accredited institution of their choice.			
4. NAICS Code 713990					
6. Principal Office Address 110 Long Wharf			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joan G. Bartram			Vice-President Name Jeffrey Staats		
Street Address 27 Marsh Street			Street Address 6 Admiralty Drive		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02840
Secretary Name Jody Sullivan			Treasurer Name C. Peter Jencks		
Street Address 22 Ledyard Street			Street Address 59 Gould Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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 Robert Nagle			Director Name Andrew Ellis		
Street Address 63 Third Street			Street Address 74 Liberty Street		
City Newport	State RI	Zip 02840	City Warren	State RI	Zip 02885
Director Name Glenn Bradfield			Director Name _____		
Street Address 169 Broadway Unit 3891			Street Address _____		
City Newport	State RI	Zip 02840	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.					
<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 <i>[Handwritten: Joan G. Bartram]</i>					Date <i>[Handwritten: 5/18/23]</i>
Signature of Officer/Authorized Representative <i>[Handwritten signature]</i>					

MAIL TO:
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