



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023:** 2023

**1. Corporate ID No.** 001759685

**2. Name of Corporation** SafeSail Inc.

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  
813319

**4. Principal Office Address**

No. and Street: 400 CONGDON HILL RD

City or Town: SAUNDERSTOWN

State: RI

Zip: 02874

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS

ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: EVERYONE WHO PARTICIPATES IN SAILING HAS THE RIGHT TO A POSITIVE AND ENJOYABLE EXPERIENCE IN A SAFE ENVIRONMENT. GOAL IS TO HELP SAILORS AND ORGANIZATIONS DEVELOP PROCESSES AND PROCEDURES BY BECOMING A PLATFORM FOR RESOURCES AND REPORTING.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
SECRETARY	PATRICIA BRUNO	1142 COVE RD #101 ANNAPOLIS, MD 21403 USA
PRESIDENT AND TREASURER	KATHERINE WILSON SOMERS	400 CONGDON HILL RD SAUNDERSTOWN, RI 02874 USA
INCORPORATOR	CHEYENNE MOSELEY	101 N. BRAND BLVD., 11TH FLOOR GLENDALE, CA 91203 USA
DIRECTOR	WILLIAM EDWARD FURRY	15882 18B RD CULVER, IN 46511 USA
DIRECTOR	KATHERINE WILSON SOMERS	400 CONGDON HILL RD SAUNDERSTOWN, RI 02874 USA
DIRECTOR	PATRICIA BRUNO	1142 COVE RD #101 ANNAPOLIS, MD 21403 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BLVD., SUITE 200 WARWICK , RI 02888

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 18 Day of July, 2023 at 3:06:49 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By KATHERINE SOMERS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved