



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.

REC'D RIDD'S BSD
23 SEP 20 PM 2:35:33

1. Entity ID Number 000029659	2. Exact name of the Corporation COASTERS HARBOR NAVY YACHT CLUB, INC
3. State of Incorporation R.I.	5. Brief description of the character of business conducted in Rhode Island TO PROMOTE THE ENJOYMENT OF RECREATIONAL AND COMPETITIVE BOATING AND SAILING
4. NAICS Code 713930	

6. Principal Office Address PO BOX 3236	City NEWPORT	State RI	Zip 02840
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KIM MARCIA LYONS			Vice-President Name COLIN NEVINS		
Street Address 246 GIBBS AVE			Street Address 17 WEST ST.		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name MONICA BLANCHARD			Treasurer Name CHARLES JENISON		
Street Address 127 CREST AVE			Street Address 3 LEVEL ACRES RD		
City SOUTH KINGSTOWN	State RI	Zip 02879	City S. ATTLEBORO	State MA	Zip 02703

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 TRIPP ALYN			Director Name RON OARD		
Street Address PO BOX 994			Street Address 121 LIGHTHOUSE VIEW DR		
City NEWPORT	State RI	Zip 02840	City MIDDLETOWN	State RI	Zip 02842
Director Name RICHARD COUPLAND			Director Name		
Street Address 335 SWEET ALLEN FARM			Street Address		
City WAKEFIELD	State RI	Zip 02879	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.

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 CHARLES JENISON	Date 09/18/2023
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Signature of Officer/Authorized Representative *Charles Jenison Treasurer* FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY LKS XTSK
FORM 631 - Revised 04/2021