



**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

**Foreign Non-Profit
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 YEAR 2024: 2024

1. Corporate ID No. 000033852

2. Name of Corporation WICKFORD YACHT CLUB

3. State of Incorporation

State: DE

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
813990

4. Principal Office Address

No. and Street: 245 PHILLIPS STREET
WICKFORD, RI 02852

City or Town: WICKFORD, RI State: RI Zip: 02852 Country: USA

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

SPORT OF YACHTING

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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COMMODORE	REX ALLEN BREWER	245 PHILLIPS STREET WICKFORD, RI, RI 02852 US
VICE COMMODORE	DAVID LINDQUIST	88 FISHING COVE RD NORTH KINGSTOWN, RI 02852 US
REAR COMMODORE	SUZANNE THOMS	506 KETTLE POND DR WAKEFIELD, RI 02879 US
FLEET CAPTAIN	JERI LEVESQUE	39 RIVER AVE WAKEFIELD, RI 02879 US
DIRECTOR	EZRA SMITH	74 ENFIELD STREET WICKFORD, RI 02852 USA
DIRECTOR	REX BREWER	245 PHILLIPS STREET NORTH KINGSTOWB, RI 02852 USA
DIRECTOR	ROBER SHORE	PO BOX 323 NORTH KINGTOWN, RI 02852 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**

THOMAS HEALD 165 PLEASANT STREET NORTH KINGSTOWN , RI 02852

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

Signed this 9 Day of February, 2024 at 4:48:57 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 REX BREWER
Signature of Authorized Person

Form No. 631
Revised 09/07

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