



**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 YEAR 2024: 2024**

**1. Corporate ID No.** 000027060

**2. Name of Corporation** Jamestown Striper Club

**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  
813990

**4. Principal Office Address**

No. and Street: 30 KEEL AVENUE  
City or Town: JAMESTOWN State: RI Zip: 02835 Country: USA

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

SPORTS FISHING CLUB

**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.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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TREASURER	DAVD E DOLCE	30 KEEL AVE JAMESTOWN, RI 02835 USA
DIRECTOR	JOHN VOLPE	GONDOLA AVE JAMESTOWN, RI 02835 USA
DIRECTOR	DAN REGAN	180 AMERICA WAY JAMESTOWN, RI 02835 USA
DIRECTOR	PAUL JUTRAS	1062 EAST SHORE RD JAMESTOWN, RI 02835 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**

DAVID E DOLCE 30 KEEL AVE JAMESTOWN , RI 02835

**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 March, 2024 at 8:59:15 AM 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 DAVID E DOLCE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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