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 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.

1. Entity ID Number 000027609		2. Exact name of the Corporation Newport Sail and Power Squadron, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Boating safety and education			
4. NAICS Code 813319					
6. Principal Office Address 44 Black Creek Road		City Warwick	State RI	Zip 02888	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Laurence H. Cohen		Vice-President Name Marcia Cohen			
Street Address 44 Black Creek Lane		Street Address 96 Old Beach Rd			
City Warwick	State RI	Zip 02888	City Newport	State RI	Zip 02840
Secretary Name Marcia Cohen		Treasurer Name			
Street Address 96 Old Beach Rd		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
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 Lawrence H. Cohen		Director Name Lawrence F. Andino			
Street Address 44 Black Creek Road		Street Address 285 Sea Meadow Dr.			
City Warwick	State RI	Zip 02888	City Perthmouth	State RI	Zip 02871
Director Name Marcia Cohen		Director Name			
Street Address 96 Old Beach Rd		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 Lawrence H. Cohen				Date 3/10/24	
Signature of Officer/Authorized Representative <i>Lawrence H. Cohen</i>					

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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