



**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. 000100401

2. Name of Corporation Oregon Native, Ltd.

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
423910

4. Principal Office Address

No. and Street: 538 DALE DRIVE
City or Town: INCLINE VILLAGE State: NV Zip: 89451 Country: USA

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

TO OWN AND OPERATE ONE OR MORE SAILING OR OTHER VESSELS FOR RECREATIONAL, SOCIAL AND ATHLETIC PURPOSES.

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	FRANK DELFER	538 DALE DRIVE INCLINE VILLAGE, NV 89451 USA
DIRECTOR	JADEN DELFER	7039 MAITA CIRCLE SACRSMENTO, CA 95825 USA
DIRECTOR	CHUCK CLUPPER	12545 OAK GLEN DR RENO, NV 89511 USA
DIRECTOR	FRANK DELFER	538 DALE DR INCLINE VILLAGE, NV 89451 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**

INCorp SERVICES, INC. 222 JEFFERSON BOULEVARD, 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 April, 2024 at 3:55:15 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 FDELFER@ATT.NET, FRANK DELFER, PRESIDENT
Signature of Authorized Person

Form No. 631
Revised 09/07

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