



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

FILED;TAMP

MAY 01 2024

BY 1414856

1. Entity ID Number 000131407		2. Exact name of the Corporation American Yacht Charter Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To increase professionalism, integrity, and communication among members of the yacht club community.	
4. NAICS Code 813920			
6. Principal Office Address 2805 East Oakland Park Blvd, #324		City Fort Lauderdale	State FL
		Zip 33306	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Martha Lukasik		Vice-President Name Heather Hatcher	
Street Address 215 SE 8th Ave., Unit 2280		Street Address 110 East Broward Blvd, Ste 1650	
City Fort Lauderdale	State FL	City Fort Lauderdale	State FL
Zip 33301		Zip 33301	
Secretary Name Emily Mack		Treasurer Name Michael Sawyer	
Street Address PO Box 102		Street Address 74538 Kitsilano RPO 2768 W.Brdwy	
City Round Pond	State ME	City Vancouver BC	State Canada
Zip 04564		Zip V6K 4P4	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Liz Howard		Director Name Cromwell Littlejohn	
Street Address 4960 North Harbor Drive, Ste 100		Street Address 2015 SW 20th St. Ste 200	
City San Diego	State CA	City Fort Lauderdale	State FL
Zip 92106		Zip 33315	
Director Name Karen Kelly Shea		Director Name Jenny Mullen	
Street Address 56 Bridge St., 2nd Flr		Street Address 866 NE 20th Avenue	
City Newport	State RI	City Fort Lauderdale	State FL
Zip 02840		Zip 33304	
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 Michael Sawyer			Date 4/18/2024
Signature of Officer/Authorized Representative 			

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

Attachment

**2024 Rhode Island Annual Report for Non-Profit Corporation
American Yacht Charter Association**

Additional Director Name and Address:

**Mary Crowley
1709 Bridgeway
Sausalito, CA 94965**