



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 02 2024

BY

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.

1. Entity ID Number 000132677		2. Exact name of the Corporation Newport Yacht Club Endowment Fund			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide funds for the maintenance and support of the Newport Yacht Club Endowment Fund a sponsored scholarship fund for students in the marine field to attend an accredited institution of their choice,			
4. NAICS Code 713990					
6. Principal Office Address 110 Long Wharf			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joan G. Bartram			Vice-President Name Jeffrey Staats		
Street Address 27 Marsh Street			Street Address 6 Admiralty Drive		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Secretary Name Jody Sullivan			Treasurer Name C. Peter Jencks		
Street Address 22 Ledyard Street			Street Address 59 Gould Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 0284063
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 Robert Nagle			Director Name Andrew Ellis		
Street Address 63 Third Street			Street Address 74 Liberty Street		
City Newport	State RI	Zip 02840	City Warren	State RI	Zip 02885
Director Name Glenn Bradfield			Director Name		
Street Address 169 Broadway Unit 3891			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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Joan G. Bartram				Date 04/29/24	
Signature of Officer/Authorized Representative <i>Joan G. Bartram</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