



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

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.

JAN 14 2025

BY 165

1. Entity ID Number <u>01168330</u>		2. Exact name of the Corporation Newport Model Sailing Club	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The Newport Model Sailing Club was formed to promote the sport of Radio Controlled sailing in Southern New England. The club provides weekly opportunities to sail and hosts regional and national events	
4. NAICS Code <u>713930</u>			
6. Principal Office Address 13 Pell Street		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		Vice-President Name	
Street Address		Street Address	
City	State	Zip	City
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
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 HAROLD PIKE		Director Name TIMOTHY PARKER IVES	
Street Address 7 MAITLAND COURT		Street Address 29 EASTNOR RD	
City NEWPORT	State RI	Zip 02840	City NEWPORT
Director Name Henry DiPietro		Director Name	
Street Address 13 Pell Street		Street Address	
City Newport	State RI	Zip 02840	City
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 Henry DiPietro			Date 01112025
Signature of Officer/Authorized Representative 			

MAIL TO:
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