



**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 2025: 2025

1. Corporate ID No. 001727938

2. Name of Corporation IC37 Class Association, Inc.

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
624190

4. Principal Office Address

No. and Street: 5 HALIDON AVENUE
NEW YORK YACHT CLUB

City or Town: NEWPORT State: RI Zip: 02840 Country: USA

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

THE PURPOSE OF THE CORPORATION IS TO PROVIDE FUN ONE-DESIGN SAILBOAT RACING, FAMILY SAILING AT ALL AGE LEVELS AND GENDERS FOR ITS MEMBERS, AND A FRIENDLY ATMOSPHERE FOR THE MELGES IC37 CLASS BY: 1. PROVIDING A STRUCTURE FOR THE ONE-DESIGN CLASS ADMINISTRATION AND THE EXCHANGE OF INFORMATION AMONG MEMBERS; 2. PROTECTING THE ONE-DESIGN INTEGRITY OF THE CLASS AND THE CLASS RULES; 3. ORGANIZING AND CONDUCTING A SERIES OF CHAMPIONSHIP REGATTAS FOR THE CLASS AT

ATTRACTIVE AND AFFORDABLE SAILING VENUES; 4. PROMOTING THE CLASS AND DEVELOPING REGIONAL FLEETS AND REGIONAL SAILING EVENTS; AND 5. PROVIDING STRUCTURE FOR REGIONAL AND LOCAL CLASS FLEETS TO ORGANIZE AND ALSO TO COLLABORATE WITH EACH OTHER AND WITH THE CORPORATION.

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PHIL LOTZ	5 HALIDON AVE NEWPORT, RI 02840 USA
SECRETARY	DIANA MCCONNELL	5 HALIDON AVE NEWPORT, RI 02840 USA
TREASURER	CHARLES GOODRICH	239 CONNER AVE NAPLES, FL 34108 USA
DIRECTOR	PETER LEVESQUE	5 HALIDON AVE NEWPORT, RI 02840 USA
DIRECTOR	CLARE HARRINGTON	5 HALIDON AVE NEWPORT, RI 02840 USA
VICE PRESIDENT	STEVE LIEBEL	5 HALIDON AVE NEWPORT, RI 02840 USA
DIRECTOR	PETER CUMMISKEY	5 HALIDON AVE NEWPORT, RI 02840 USA
DIRECTOR	PETER MCCLENNEN	5 HALIDON AVE NEWPORT, RI 02840 USA
DIRECTOR	AVERY WHIDDEN	5 HALIDON AVE NEWPORT, RI 02840 USA
DIRECTOR	LANCE FRASER	5 HALIDON AVE NEWPORT, RI 02840 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**

STEVEN M. MCINNIS, ESQ. ADMIRALS GATE TOWER 221 THIRD ST., SUITE 510 NEWPORT , RI 02840

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 12 Day of February, 2025 at 9:25:03 AM 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 CHARLES GOODRICH
Signature of Authorized Person

Form No. 631
Revised 09/07

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