



**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. 000526597

2. Name of Corporation Clagett Sailing

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

624120

4. Principal Office Address

No. and Street: 231 INDIAN AVENUE

City or Town: PORTSMOUTH

State: RI

Zip: 02871

Country: USA

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

TO FOSTER NATIONAL AND INTERNATIONAL AMATEUR COMPETITIVE SAILING
OPPORTUNITIES FOR SAILORS WITH DISABILITIES

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	STEPHANIE C. MCLENNAN	231 INDIAN AVE. PORTSMOUTH, RI 02871 USA
TREASURER	ROBERTA MURPHY BENJAMIN	32 ANNETTE DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	THOMAS MCGUE	207 CARRIAGE DR NEWPORT, RI 02840 USA
DIRECTOR	GRACE ADAM	160 E. BERKELEY STREET BOSTON, MA 02118 USA
DIRECTOR	CAROL BARROW	PO BOX 8 NORTH CHATHAM, MA 02650 USA
DIRECTOR	WILLIAM CASSIDY	157 HARRISON AVE. #17 NEWPORT, RI 02840 USA
DIRECTOR	ANDREW PARISH	24760 RAYS POINT RD ST. MICHAELS, MD 21663 USA
DIRECTOR	MATTHEW HILL	13 PRIMROSE HILL ROAD BARRINGTON, RI 02806 USA
DIRECTOR	STEPHANIE C. MCLENNAN	231 INDIAN AVE. PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	ANDREW PARISH	24760 RAYS POINT RD. ST. MICHAELS, MD 21663 USA
VICE PRESIDENT	JOHN MACGOWAN	PO BOX 30 NEWPORT, RI 02840 USA
DIRECTOR	JOHN MACGOWAN	PO BOX 30 NEWPORT, RI 02840 USA
VICE PRESIDENT	SARAH EVERHART-SKEELS	45 INDIAN ROAD LITTLE COMPTON, RI 02837 USA
DIRECTOR	SPENCER RAGGIO	42 MEADOW RUE PLACE BALLSTON SPA, NY 12020 USA
DIRECTOR	CATHY PEACOCK	87851 OLD HWY P33 ISLAMORDA, FL 33036 USA
DIRECTOR	HEATHER MASON	474 WAPPING RD. PORTMOUTH, RI 02871 USA
DIRECTOR	ROD OHANLEY	18 BOULEVARD TERRACE MIDDLETOWN, RI 02871 USA
DIRECTOR	CHARLIE ROSENFELD	87 SENEXET RD. WOODSTOCK, CT 06281 USA
DIRECTOR	ELIZABETH YORK	39 ASA MEIGGS RD. SANDWICH, MA 02563 USA
DIRECTOR	ELIZABETH ISDALE	PO BOX 23 E. GREENWICH, RI 02818 USA
DIRECTOR	GREG KIELY	215 LAWRENCE DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	KAREN LLOYD	109 PRINCESS ST ALEXANDRIA, VA 22314 USA
DIRECTOR	SARAH EVERHART-SKEELS	45 INDIAN ROAD LITTLE COMPTON, RI 02837 USA

DIRECTOR

ROBERTA MURPHY BENJAMIN

32 ANNETTE DRIVE
PORTSMOUTH, RI 02871 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**

STEPHANIE MCLENNAN 231 INDIAN AVENUE PORTSMOUTH , RI 02871

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

Signed this 8 Day of April, 2025 at 3:24:03 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 ROBERTA M. BENJAMIN
Signature of Authorized Person

Form No. 631
Revised 09/07

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