

State of Rhode Island
Department of State - Business Services DivisionAnnual 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.

REC'D RIDOS BSI
25 APR 16 AM 11:46:48

1. Entity ID Number 001756636		2. Exact name of the Corporation South County Board Riders, Club, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Supporting, maintaining, furthering the sport of competitive surfing & continuing the long-standing tradition of wave riding activities through an organization based on competitive sport, camaraderie & charities located in South County & Washington County			
4. NAICS Code 813410					
6. Principal Office Address 920 Matunuck Beach Road			City South Kingstown	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Allen Santucci			Vice-President Name John Oppito		
Street Address 8 Bramblewood Lane			Street Address 10 Cherokee Bend		
City Wakefield	State RI	Zip 02879	City Charlestown	State RI	Zip 02813
Secretary Name Andrew Hodson			Treasurer Name Allen Santucci		
Street Address 316 Tockwotten Cove			Street Address 8 Bramblewood Lane		
City Charlestown	State RI	Zip 02813	City Wakefield	State RI	Zip 02879
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 Andrew Hodson			Director Name Keith B. Kyle		
Street Address 316 Tockwotten Cove			Street Address 65 Inez Street		
City Charlestown	State RI	Zip 02813	City Narragansett	State RI	Zip 02882
Director Name Allen Santucci			Director Name John Oppito		
Street Address 8 Bramblewood Lane			Street Address 10 Cherokee Bend		
City Wakefield	State RI	Zip 02879	City Charlestown	State RI	Zip 02813
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Allen Santucci				Date April 7, 2025	
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

FILED

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FORM 631 - Revised: 04/2023

BY