



Department of State - Business Services Division

Annual Report for the year: 2022
 Non-Profit Corporation

JAN 28 2022

BY DS

- 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 000027983 | | 2. Exact name of the Corporation LITTLE RHODY BOAT CLUB | | | |
| 3. State of Incorporation RHODE ISLAND | | 5. Brief description of the character of business conducted in Rhode Island | | | |
| 4. NAICS Code 83990 | | PRIVATE BOAT CLUB | | | |
| 6. Principal Office Address 315 SEAVIEW DRIVE | | | City WARWICK | State R.I. | Zip 02889 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name MAH MCGARRY | | Vice-President Name JEFF MULLIGAN | | | |
| Street Address 74 HESS LN | | Street Address 28 COBURN ST | | | |
| City WARWICK | State RI | Zip 02889 | City WARWICK | State RI | Zip 02889 |
| Secretary Name RICHARD HOPPER | | Treasurer Name GERARD MCLAUGHLIN | | | |
| Street Address 35 SAGAMORE ST | | Street Address 193 SUBURBAN PKWY | | | |
| City WARWICK | State RI | Zip 02889 | City WARWICK | State RI | Zip 02889 |
| 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 FRANK KNIGHT | | Director Name WILLIAM DALESS | | | |
| Street Address P.O. BOX 8819 | | Street Address 32 SQUIRRELS RUN | | | |
| City WARWICK | State RI | Zip 02889 | City W. GREENWICH | State RI | Zip 02817 |
| Director Name DON GOBEL | | Director Name JOE ROBINSON | | | |
| Street Address 24 IRMA AVE | | Street Address 92 TAMPA AVE | | | |
| City WARWICK | State RI | Zip 02889 | City WARWICK | State RI | Zip 02889 |
| 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 GERARD MCLAUGHLIN | | | | Date 1-24-22 | |
| Signature of Officer/Authorized Representative <i>G. M. McLaughlin</i> | | | | | |