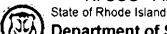
RI SOS Filing Number: 202208895910 Date: 1/28/2022 4:00:00 PM



Department of State - Business Services Division

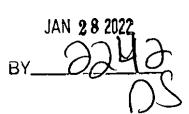
Annual Report for the year:
Non-Profit Corporation

2022

→ Filing penod: 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	2. Exact name of				
0000 27983	LIHLE	RHODY	BOAT CLUB		
3. State of Incorporation	5 Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND					
4. NAICS Code					
DRIVATE BOAT CLUB					
6 Principal Office Address			City	State	Zip
315 SEAVIEW DRIVE			WARWICK	R.I.	02889
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name MAH MCGARRY			Vice-President Name SEFF MulliGAN		
Street Address 74 Hoss LA			Street Address Z8 COBUZN ST		
City	State	Zip	City	State RI	Zip
WAZ WICK		62889	WARWICK	KE	^{Zip} 02889
Secretary Name Richard	HOPPER	<u> </u>	Treasurer Name	MCLAUG	442
Street Address 35 SAGAMOREST.			193 SUBUZBAN PKWY		
City WARUCK	StateRT	2ip 02889	City WADWICK	State 2 I	Zip 2889
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name FRANK KNIGHT			Director Name William DAWCSS		
Street Address P.O. Box 8819			Street Address 32 Squittels Run		
City WAZWICK	State	^{Zp} 02889	W. Greenwich		Zip 2817
Director Name DON GOBEL			Director Name SOF ROBINSON		
Street Address 24 IRMA AUF			Street Address 92 TAMPA AUG		
City WAZWICK	Stat	Zip 2889	City WARWICK	State 27	Zip O>CST
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, Vicu-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Repres				Date	
GERARD A	rchand	ulin n		1-24-	-22
Signature of Officer/Authorized Representative					
MAN TO					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov