



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
 Non-Profit Corporation

2022

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

STAMP
 MAR 16 2022
 BY 1125-08

1. Entity ID Number <u>0000 31487</u>		2. Exact name of the Corporation <u>Blue Water SPORTSMAN'S CLUB INC.</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>HUNTING - FISHING - RECREATION</u>			
4. NAICS Code <u>813319</u>					
6. Principal Office Address <u>P.O. Box 6895</u>		City <u>WARWICK</u>	State <u>Rhode Island</u>	Zip <u>02887</u>	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>John Lawrence</u>		Vice-President Name <u>TIM VOTTA</u>			
Street Address <u>123 BUNGY ROAD</u>		Street Address <u>7 STAMFORD ST</u>			
City <u>N. SCITUATE</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>
Secretary Name <u>BRANDON A PONTE</u>		Treasurer Name <u>THOMAS O'DONNELL</u>			
Street Address <u>474 CENTRAL AVE</u>		Street Address <u>307 CANNONCHET RD</u>			
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>HERKINTON</u>	State <u>RI</u>	Zip <u>02833</u>
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 <u>JOSEPH RYFA</u>		Director Name <u>JAMES FLETCHER</u>			
Street Address <u>1 DALE DRIVE</u>		Street Address <u>151 LAKE SHORE DRIVE</u>			
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>
Director Name <u>JAMES MASERA</u>		Director Name			
Street Address <u>10 RAILROAD ST</u>		Street Address			
City <u>SLATERVILLE</u>	State <u>RI</u>	Zip <u>02876</u>	City	State	Zip
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 <u>THOMAS O'DONNELL</u> <u>TREASURER</u>				Date	
Signature of Officer/Authorized Representative <u>Thomas O'Donnell</u>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov