



Department of State - Business Services Division

**FILED**

JAN 23 2023

BY 2307

*[Signature]*

Annual Report for the year:  
 Non-Profit Corporation

2023

- 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 <b>000027983</b>		2. Exact name of the Corporation <b>LITTLE RHODY BOAT CLUB</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code <b>813990</b>		<b>PRIVATE BOAT CLUB</b>	
6. Principal Office Address <b>315 SEA VIEW DRIVE</b>		City <b>WARWICK</b>	State <b>RI</b>
		Zip <b>02889</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>MATT MCGARRY</b>		Vice-President Name <b>JEFF MULLIGAN</b>	
Street Address <b>74 HESS LA</b>		Street Address <b>28 COBURN ST</b>	
City <b>WARWICK</b>	State <b>R.I.</b>	City <b>WARWICK</b>	State <b>R.I.</b>
Zip <b>02889</b>		Zip <b>02889</b>	
Secretary Name <b>WILLIAM DAWLESS</b>		Treasurer Name <b>GERARD MCLAUGHLIN</b>	
Street Address <b>32 SQUIRRELS RUN</b>		Street Address <b>193 SUBURBAN PKWY</b>	
City <b>W. GREENWICH</b>	State <b>R.I.</b>	City <b>WARWICK</b>	State <b>R.I.</b>
Zip <b>02817</b>		Zip <b>02889</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>FRANK KNIGHT</b>		Director Name <b>JOE ROBINSON</b>	
Street Address <b>3269 WEST SHORE RD</b>		Street Address <b>92 TAMPA AVE</b>	
City <b>WARWICK</b>	State <b>R.I.</b>	City <b>WARWICK</b>	State <b>R.I.</b>
Zip <b>02889</b>		Zip <b>02889</b>	
Director Name <b>DON GOEBEL</b>		Director Name <b>KEN LEAHEY</b>	
Street Address <b>24 IRMA AVE</b>		Street Address <b>48 ZACHARIAH PLACE</b>	
City <b>WARWICK</b>	State <b>R.I.</b>	City <b>WARWICK</b>	State <b>R.I.</b>
Zip <b>02889</b>		Zip <b>02889</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>GERARD MCLAUGHLIN</b>			Date <b>1-19-2023</b>
Signature of Officer/Authorized Representative <i>[Signature]</i>			