



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

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

FILED STAMP
MAR 30 2023
 BY *[Signature]*

1. Entity ID Number 000031487		2. Exact name of the Corporation BLUE WATER SPORTSMAN'S CLUB, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fishing - Hunting Recreation			
4. NAICS Code 813319					
6. Principal Office Address 3205 POST ROAD P.O. BOX 6895		City WARWICK	State RI	Zip 02887-6895	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOHN LAWRENCE		Vice-President Name TIM VOTTA			
Street Address 123 BUNGY RD		Street Address 7 STANFORD ST			
City N. SCITUATE	State RI	Zip 02857	City WARWICK	State RI	Zip 02888
Secretary Name BRANDON APONTE		Treasurer Name THOMAS O'DONNELL			
Street Address 474 CENTRAL AVE		Street Address PO BOX 216 ROCKVILLE			
City JOHNSTON	State RI	Zip 02919	City HOPKINTON	State RI	Zip 02873
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 JAMES MACERA		Director Name JACK RYFA			
Street Address 1129 SNAKE HILL RD		Street Address 1 DALE DR			
City N. SCITUATE	State RI	Zip 02857	City JOHNSTON	State RI	Zip 02919
Director Name JAMES FLETCHER		Director Name			
Street Address 151 LAKE SHORE DR		Street Address			
City WARWICK	State RI	Zip 02889	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 Thomas O'Donnell				Date 4-1-23	
Signature of Officer/Authorized Representative Thomas O'Donnell Treasurer					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov