



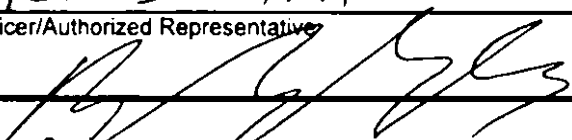
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS DIV.

2024 JAN -5 P 1:21

1. Entity ID Number 30594		2. Exact name of the Corporation RHODE ISLAND Party and Charter Boat Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promote Sport fishing in RHODE ISLAND			
4. NAICS Code 813910					
6. Principal Office Address 140 JERRY LANE			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Capt. Rick BELLAVANCE			Vice-President Name Steven Anderson		
Street Address 70 Gladys Drive			Street Address 285 Arnolds Neck Drive		
City North Kingstown	State RI	Zip 02852	City WARWICK	State RI	Zip 02886
Secretary Name			Treasurer Name Andrew J. DANGELO		
Street Address			Street Address 1035 Liberty Lane		
City	State	Zip	City West Kingston	State RI	Zip 02892
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 Capt Nick Butziger			Director Name AL Caletti		
Street Address 44 Bowen Briggs Road			Street Address 8 Erie Rd		
City WARWICK	State RI	Zip 02886	City Narragansett	State RI	Zip 02882
Director Name Paul Johnson Sr			Director Name		
Street Address 30 Gooseberry Rd			Street Address		
City Wakefield	State RI	Zip 02879	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 RICK BELLAVANCE				Date 1/5/24	
Signature of Officer/Authorized Representative 				FILED 1:27	

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

FILED 1:27
JAN 05 2024
BY 014722 FORM 631 Revised 04/2023