



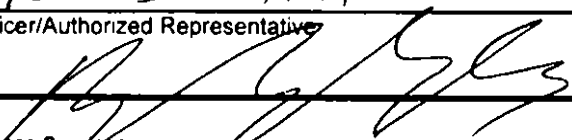
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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.

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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	City WARWICK	State RI
Zip 02852		Zip 02886	
Secretary Name		Treasurer Name Andrew J. DANGELO	
Street Address		Street Address 1035 Liberty Lane	
City	State	City West Kingston	State RI
Zip		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 SKIE RD	
City WARWICK	State RI	City Narragansett	State RI
Zip 02886		Zip 02882	
Director Name Paul Johnson Sr		Director Name	
Street Address 30 Gooseberry Rd		Street Address	
City Wakefield	State RI	City	State
Zip 02879		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 1:26

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

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BY dy722 FORM 631 Revised 04/2023
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