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**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.

1. Entry ID Number <b>0000.31487</b>		2. Exact name of the Corporation <b>BLUE WATER SPORTSMANS CLUB INC</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Fishing - Hunting - Recreation</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>P.O. Box 6895 3205 Post Rd</b>			City <b>WARWICK</b>	State <b>R.I.</b>	Zip <b>02887</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>John Lawrence</b>			Vice-President Name <b>TIM VOTTA</b>		
Street Address <b>123 Bungy Rd</b>			Street Address <b>7 STANFORD ST</b>		
City <b>N. SCITUATE</b>	State <b>R.I.</b>	Zip <b>02857</b>	City <b>WARWICK</b>	State <b>R.I.</b>	Zip <b>02885</b>
Secretary Name <b>BRANDON A PONTE</b>			Treasurer Name <b>MIKE O'LEARY</b>		
Street Address <b>474 CENTRAL AVE</b>			Street Address <b>40 YELES LANE</b>		
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Rockville</b>	State <b>RI</b>	Zip <b>02873</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>JAMES MACERA</b>			Director Name <b>JAC BYFA</b>		
Street Address <b>175 COLLINS RD</b>			Street Address <b>1 Dale Dr</b>		
City <b>HARRISVILLE</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
Director Name <b>James Fletcher</b>			Director Name		
Street Address <b>151 Lakeshore Rd</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City	State	Zip
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>					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative <b>John Lawrence</b>					Date <b>2-10-24</b>
Signature of Officer/Authorized Representative <i>John Lawrence</i>					<b>PARSLOENT</b> <b>MS</b> <b>FILED</b> <b>1105</b>

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

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