



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-6-91, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 104841		2. Name of Corporation The Ocean View Foundation, Inc.			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 85 Beach Street		City Westerly	Zip 02891
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Josephine A. Merck			Vice President Name		
Street Address PO Box 371			Street Address		
City Cos Cob	State CT	Zip 06807	City	State	Zip
Secretary Name James Stevenson			Treasurer Name Josephine A. Merck		
Street Address PO Box 371			Street Address PO Box 371		
City Cos Cob	State CT	Zip 06807	City Cos Cob	State CT	Zip 06807
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Josephine A. Merck			Director Name James Stevenson		
Street Address PO Box 371			Street Address PO Box 371		
City Cos Cob	State CT	Zip 06807	City Cos Cob	State CT	Zip 06807
Director Name Oona Coy			Director Name		
Street Address PO Box 371			Street Address		
City Cos Cob	State CT	Zip 06807	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**104841
FILED**

File Date	JUN 20 2011
Check No.	By <u><i>[Signature]</i></u>
By:	<u>3997</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Josephine A. Merck
Signature of Officer
Josephine A. Merck
Print or Type Name of Officer
President
Title of Officer
Date **6/13/11**