



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000543165		2. Exact name of the Corporation R.I. Shore Diggers Association	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To Promote + Protect Shellfish on RI Shore In Narraganset Bay	
5. Principal office address 110 Benefit St		City Pawt	State RI
		Zip 02861	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Paul Bettencourt		Vice-President Name John R Johnson	
Street Address 110 Benefit St		Street Address 28 Elwin St	
City Pawt	State RI	City Warwick	State RI
Zip 02861		Zip 02889	
Secretary Name Leo Moran		Treasurer Name Vincent De Santos	
Street Address 184 Longmeado Ave		Street Address 72 Robin Way	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02888	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name Paul Bettencourt		Director Name John R Johnson	
Street Address 110 Benefit St		Street Address 28 Elwin St	
City Pawt	State RI	City Warwick	State RI
Zip 02861		Zip 02889	
Director Name Leo R Morin		Director Name Vincent De Santos	
Street Address 184 Longmeadow Ave		Street Address 72 Robin Way	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02888	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

FILED

JUN 20 2012

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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.

Signature of Officer
Paul Bettencourt
Print or Type Name of Officer
President
Title of Officer

6/20/12
Date