



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 2013

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. 118317		2. Exact name of the Corporation Rhode Island Marine Trade Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island to promote mutual confidence and cooperation among persons engaged in the marine industry, to exchange trade information			
5. Principal office address 99 Poppasquash Road		City Bristol	State RI	Zip 02809	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Andrew Tyska			Vice-President Name Richard Cromwell		
Street Address 99 Poppasquash Road			Street Address 1250 East Main Road		
City Bristol	State RI	Zip 02809	City Portsmouth	State RI	Zip 02871
Secretary Name Don Vivenco			Treasurer Name Steve Prime		
Street Address 360 Gooseberry Road			Street Address 449 Thames Street, Suite 302		
City Wakefield	State RI	Zip 02879	City Newport	State RI	Zip 02840
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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

FILED

File Date OCT 28 2013

Check No BY 4617 & 7212

By: _____

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.

Signature of Officer _____ Date _____

Andrew Tyska
Print or Type Name of Officer

President
Title of Officer

CHAIRMAN	TOM RICH	1 LAGOON ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	TED HOOD	1 MARITIME DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	BILL MUNGER	1 FERRY WHARF JAMESTOWN, RI 02835 USA
DIRECTOR	ERIC GOETZ	251 FRANKLIN STREET BRISTOL, RI 02809 USA
DIRECTOR	JOHN CORBISHLY	29 TOURO STREET NEWPORT, RI 02840 USA
DIRECTOR	AL CONTI	410 GOOSEBERRY ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	MICHAEL KEYWORTH	101 NARRAGANSETT AVE BARRINGTON, RI 02806 USA
DIRECTOR	BRAD READ	60 FORT ADAMS DRIVE NEWPORT, RI 02840 USA
DIRECTOR	LYNN FIORENZANO	362 POND STREET WAKEFIELD, RI 02879 USA
DIRECTOR	PETER VANLANCKER	1909 ALDEN LANDING PORTSMOUTH, RI 02871 USA
DIRECTOR	NANCY PIFFARD	PO BOX 698 NEWPORT, RI 02840 USA
DIRECTOR	JOHN TREGENZA	21 PASADENA AVE WATCH HILL, RI 02891 USA
DIRECTOR	STEVEN HALL	235 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	SUSAN DALY	449 THAMES STREET NEWPORT, RI 02840 USA

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BY _____