

**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

2013**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. 655556		2. Exact name of the Corporation The COSEE Foundation Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Ocean Science Education			
5. Principal office address 192 Kingstown Rd		City Narragansett		State RI	Zip 02882
. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Gail Scowcroft		Vice-President Name Linda Duguay			
Street Address 192 Kingstown Rd		Street Address Univ. of So. California, 3616 Trousdale Pkwy AHF254			
City Narragansett	State RI	Zip 02882	City Los Angeles	State CA	Zip 90089
Secretary Name Andrea Gingras		Treasurer Name Trudy Coleman			
Street Address URI Bay Campus, South Ferry Rd		Street Address 232 Orchard Woods Dr			
City Narragansett	State RI	Zip 02882	City North Kingstown	State RI	Zip 02874
. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Gail Scowcroft		Director Name Cheryl Peach			
Street Address 192 Kingstown Rd		Street Address Scripps Inst. of Oceanography, 9500 Gilman Dr. #0207			
City Narragansett	State RI	Zip 02882	City La Jolla	State CA	Zip 92037
Director Name Trudy Coleman		Director Name Linda Duguay			
Street Address 232 Orchard Woods Dr		Street Address Univ. of So. California, 3616 Trousdale Pkwy AHF254			
City North Kingstown	State RI	Zip 02874	City Los Angeles	State CA	Zip 90089
. 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**DEC 20 2013****213429****ICM**

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 **Gail Scowcroft** Date **12-17-13**

Print or Type Name of Officer

President

Title of Officer