



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 000106210		2. Exact name of the Corporation Shellfish Restoration Foundation of Narragansett Bay			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To foster and support development of marine resources in Narragansett Bay, particularly, shellfish resources.			
5. Principal office address 461 Water St		City Warren		State RI	Zip 02885
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Willis Blount		Vice-President Name			
Street Address 461 Water St		Street Address			
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Julie Blount		Treasurer Name Marcia Blount			
Street Address 461 Water St		Street Address 461 Water St			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name Julie Blount		Director Name Marcia Blount			
Street Address 461 Water St		Street Address 461 Water St			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Nancy Blount		Director Name Willis Blount			
Street Address 461 Water St		Street Address 461 Water St			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 841.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY _____

FILED

JUN 06 2014

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.

Marcia Blount
Signature of Officer or Authorized Representative

6/4/14

Date

Marcia Blount, Treasurer

Print or Type Name of Officer or Authorized Representative

SHELLFISH RESTORATION FOUNDATION OF NARRAGANSETT BAY
Entity # 106210

Additional Director Name & Address
Joanne Dahmer
461 Water St
Warren, RI 02885

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JUN 06 2014

BY

#106210