

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 • FA	ILURE TO FILE	THIS REPORT BY J	ULY 30 V	/ILL RESULT IN A \$25.0	00 PENALTY	FEE.	
1. Entity ID No.	Entity ID No. 2. Exact name of the Corporation						
40533	Warren Fish	erman's Docki	ng Ass	ociation			
3. State of Incorporation	4. Brief descript	tion of the character of b	usiness co	inducted in Rhode Island			
RI	Dock a	Dock association					
5. Principal office address			City		State	Zip	
665 Metacom Avenue 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR A				Warren	RI	02885	
	ES AND ADDRES	SES) ("X" BOX FOR A		N1)			
President Name John Hint			Michael BD'Albergaria				
Street Address			Street Address				
15 Barker Avenue	<u>- 10. : </u>		Oit.	State Street	State	Zip	
City Warren	State RI	Zip 02885	City	Uerran	RI	· ·	
Secretary Name	KI	02883	Treasur	Warren er Name	KI_	01885	
Thomas Drainville			Ignatius Delekta				
Street Address			Street Address				
141 Fatima Drive			38 Maple Street				
City	State	Zip	City	- Jo Hante Dere	State	Zip on	
Warren	RI	02885		rren	RI	02885	
7. LIST <u>ALL</u> DIRECTORS (NA ("X" BOX FOR ATTACHME		SSES). RHODE ISLAN			D LESS THAN T	HREE (3) DIRECTORS	
Director Name			Director Name				
John Hunt				Michael B'Alb	ergaria		
Street Address See Above			Street Address See Above				
City	State	Zip	City	See Above	State	Zip	
City	State	12.15	0.0,				
Director Name	<u> </u>	<u> </u>	Director	Name			
Thomas Drainville Street Address				Ign atius Delekta Street Address			
See Above				-See Above		· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City		State	Zip	
8. REGISTERED AGENT IN R	HODE ISLAND						
This information is currently	of record in the O	ffice of the Secretary	of State. C	hanges require filing For	m 641.		
This report must be signed by e or Trustee	ither the President,	, Vice-President, Secret	ary, Assista	ant Secretary, Treasurer, du	uly Authorized Re	epresentative, Receiver	
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	F	FILED		er penalty of perjury, I dec			
File Date				report, including any acce that all statements contai			
Check No	JUN	N 16 2014	Λ	TTO A	- / 1 /	1/0/11	
ву:				Signature of Officer or Authorized Representative Date			
FOR SECRETARY OF STAT	E USE ONLY	1/1/1		. I E	7.1.16	Cto Tare	
From No. 531		w	Print	or Type Name of Officer or	Authorized Ben	resentative	
Form No. 631			1 11111	o. Type manie of Officer of			

Revised: 04/2014