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.	2. Exact name of the Corporation
150288	Clean The Bay, Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Marine Debris Removal

5. Principal office address	City	State	Zip
344 Aquidneck Avenue	Middletown	RI	02842

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Robert Batting	
Street Address	Street Address
375 Washington Road	
City / State / Zip	City / State / Zip
Barrington / RI / 02806	
Secretary Name	Treasurer Name
	Andrew Tyska
Street Address	Street Address
	99 Poppasquash Road
City / State / Zip	City / State / Zip
	Bristol / RI / 02809

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Michael Keyworth	S. Bruce Dufresne
Street Address	Street Address
101 Narragansett Ave	145 Taunton Ave
City / State / Zip	City / State / Zip
Barrington / RI / 02806	East Providence / RI / 02914
Director Name	Director Name
Anne Vandromme-Hood	Dennis Nixon
Street Address	Street Address
31 West Street	29 Spanchor Street
City / State / Zip	City / State / Zip
Newport / RI / 02840	Jamestown / RI / 02835

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, duly Authorized Representative, Receiver or Trustee

FILED

File Date _____
Check No _____
By: _____
BY 2159
JUN 17 2014

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 or Authorized Representative — Date: 6/11/14

J. Kent Dresser - Executive Director
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014