



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000869917

2. Name of Corporation International Association of Antarctica Tour Operators

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 320 THAMES STREET, SUITE 264

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ADVOCATE, PROMOTE AND PRACTICE SAFE AND ENVIRONMENTALLY RESPONSIBLE TRAVEL TO THE ANTARCTIC. TO OPERATE WITHIN THE PARAMETERS OF THE ANTARCTIC TREATY SYSTEM, INCLUDING THE ANTARCTIC TREATY AND THE PROTOCOL ON ENVIRONMENTAL PROTECTION TO THE ANTARCTIC TREATY, AS WELL AS IMO CONVENTIONS AND SIMILAR INTERNATIONAL AND NATIONAL LAWS AND AGREEMENTS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

DIRECTOR	JANEEN HAASE	179 WAYLAND AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	PAULA KIM CROSBIE	18/3 GRANCE TERRACE EDINBURGH, FC, 00000 GBR
DIRECTOR	UTE HOHN-BOWEN	GOBERNBADOR PAZ 633 1 PISA TIERRA DEL FUEGO, FC, 00000 ARG
DIRECTOR	RICHARD PRUITT	1050 CARIBBEAN WAY MIAMI, FL 33132 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KRISTINE S. TROCKI, ESQ. 38 NARRAGANSETT AVENUE, SUITE D JAMESTOWN , RI 02835

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

Signed this 19 Day of June, 2014 at 10:56:53 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JANEEN HAASE
Signature of Authorized Person

Form No. 631
Revised 09/07