



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

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. 109319		2. Exact name of the Corporation Ocean State Clean Cities, Incorporated			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Reduce dependence on fossil fuels used in transportation.			
5. Principal office address 3 East Alumni Ave.		City Kingston	State RI	Zip 02880	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Morton		Vice-President Name John Gilbrook			
Street Address 312 Connell Highway		Street Address 40 Sylvan Road			
City Newport	State RI	Zip 02840	City Waltham	State MA	Zip 02451
Secretary Name Jamie Lohr		Treasurer Name Christopher Bannister			
Street Address PO Box 2972		Street Address 9 Teft Court			
City Westerly	State RI	Zip 02891	City Hope Valley	State RI	Zip 02832
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Wendy Lucht		Director Name <i>JOHN GILBROOK</i>			
Street Address 3 East Alumni Way		Street Address <i>312 CONNELL HIGHWAY 40 SYLVAN ROAD</i>			
City Kingston	State RI	Zip 02880	City <i>WALTHAM</i>	State <i>MA</i>	Zip <i>02451</i>
Director Name <i>ROBERT MORTON</i>		Director Name			
Street Address <i>312 CONNELL HIGHWAY</i>		Street Address			
City <i>NEWPORT</i>	State <i>RI</i>	Zip <i>02840</i>	City	State	Zip
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, Receiver or Trustee

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

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BY 241

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.

Christopher Bannister 6/13/2014
 Signature of Officer Date

Christopher Bannister

Print or Type Name of Officer

Treasurer

Title of Officer