



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 2012

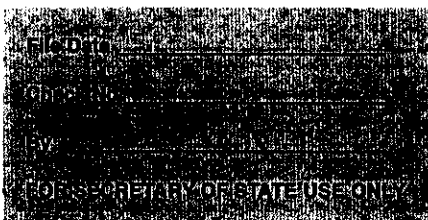
Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000090712		2. Exact name of the Corporation Ocean Research and Education, Ltd.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Charitable and Educational Purposes			
5. Principal office address 218 South Ferry Road		City Narragansett		State RI	Zip 02882
6. OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT) ☐					
President Name Sara Hickox		Vice-President Name			
Street Address 218 South Ferry Road		Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Stephen Burke		Treasurer Name Sara Hickox			
Street Address 40 Westminster Street, 7th Floor		Street Address 218 South Ferry Road			
City Providence	State RI	Zip 02903	City Narragansett	State RI	Zip 02882
7. DIRECTORS (NAMES AND ADDRESSES) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS) (SEE BOX FOR ATTACHMENT) ☐					
Director Name Sara Hickox		Director Name Stephen Burke			
Street Address 218 South Ferry Road		Street Address 40 Westminster Street, 7th Floor			
City Narragansett	State RI	Zip 02882	City Providence	State RI	Zip 02903
Director Name J. Terrence Feeley		Director Name			
Street Address 40 Charlotte Avenue		Street Address			
City Saunderstown	State RI	Zip 02874	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, duly Authorized Representative, Receiver or Trustee



FILED

OCT 20 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.

Sara Hickox

Signature of Officer or Authorized Representative

Date

Sara Hickox, President

Print or Type Name of Officer or Authorized Representative