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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.	2. Exact name of the Corporation
000090712	**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	City	State	Zip
218 South Ferry Road	**Narragansett**	**RI**	**02882**

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

President Name	Vice-President Name
Sara Hickox	
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. 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
Sara Hickox	**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

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CORPORATIONS DIV

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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: 10-14-14

Sara Hickox, President
Print or Type Name of Officer or Authorized Representative

Form No. 631
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