



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

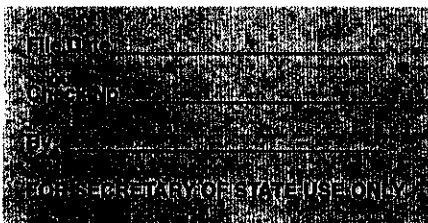
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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
IS ANY OFFICER (NAMES AND ADDRESSES) TO BE REPORTED 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
THIS REPORT MUST LIST ALL DIRECTORS (NAMES AND ADDRESSES) OF RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS 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
REGISTRY 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.

Signature of Officer or Authorized Representative

Date

Sara Hickox, President

Print or Type Name of Officer or Authorized Representative