



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 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. 489701		2. Exact name of the Corporation Marine Industry Training & Education Council Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide for a technically skilled and proficient workforce for the marine industry through education, training and professional development and to promote public awareness			
5. Principal office address 2500 Post Rd		City Warwick		State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Pamela Lendzion		Vice-President Name Susan Swanton			
Street Address 114 Dory Rd		Street Address 2 Main Street			
City St Augustine	State FL	Zip 32086	City Biddeford	State ME	Zip 04005
Secretary Name Shirley Adams		Treasurer Name Conrad Kreuter			
Street Address 14700 Aerospace Pkwy		Street Address 200 Atlantic Ave			
City Orlando	State FL	Zip 32832	City East Moriches	State NY	Zip 11940
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Pamela Lendzion		Director Name Susan Swanton			
Street Address 114 Dory Rd		Street Address 2 Main St			
City St Augustine	State FL	Zip 32086	City Biddeford	State ME	Zip 04005
Director Name Shirley Adams		Director Name Conrad Kreuter			
Street Address 14700 Aerospace Pkwy		Street Address 200 Atlantic Ave			
City Orlando	State FL	Zip 32832	City East Moriches	State NY	Zip 11940
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

File Date _____

Check No _____

By **95-8-WA-2-8VW-1102**
2015 MAR 2 2 PM 3:55
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Form No. 635
Revised: 04/2014

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.

FILED

MAR 02 2015

By **243515**

A.H. 3:57 P.M.

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative