



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 2015

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. 504852		2. Exact name of the Corporation Eastern New England Scallop Association			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Representing scallop fishermen from eastern New England at various regulatory boards and promoting information regarding the scallop fishery to the regulators and public at large.			
5. Principal office address 28 Caswell Street		City Narragansett		State RI	Zip 02882
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) ☐					
President Name Michael L. Marchetti		Vice-President Name Gary Hatch			
Street Address 3119 Post Road		Street Address 6 Town Clerk Road			
City Wakefield	State RI	Zip 02879	City Owl's Head	State ME	Zip 04584
Secretary Name Wally Gray		Treasurer Name Peter Spong			
Street Address P. O. Box 178		Street Address 208 Church Street			
City Stonington	State ME	Zip 04681	City Bradford	State RI	Zip 02808
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Michael L. Marchetti		Director Name John Fish			
Street Address 3119 Post Road		Street Address 47 Stanton Avenue			
City Wakefield	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
Director Name Wally Gray		Director Name Gary Hatch			
Street Address P. O. Box 178		Street Address 6 Town Clerk Road			
City Stonington	State ME	Zip 04681	City Owl's Head	State ME	Zip 04584
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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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BY

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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

Michael L. Marchetti

Print or Type Name of Officer or Authorized Representative