



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000025239

2. Name of Corporation New England Seafarers Mission, Inc.

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 1 SEAVIEW AVE.

City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROTECTING AND AIDING SAILORS AND IMMIGRANTS BY PROVIDING THEM WITH A TEMPORARY CHRISTIAN HOME AND BY MINISTERING GENERALLY TO THEIR PHYSICAL, MORAL AND SPIRITUAL NEEDS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LAWRENCE ANDREWS	55 CONVERSE STREET WAKEFIELD, MA 01880 USA
TREASURER	KEN HAMEL	1 CHANDLER DRIVE LONDONDERRY, NH 03053 USA
SECRETARY	LOUIS T ZACZKIEWICZ	28 MORELAND AVENUE LEXINGTON, MA 02421 USA

VICE PRESIDENT	KAREN PALMATIER	305 WHITWELL ST. QUNICY, MA 02169 USA
OTHER OFFICER	CHERYL HAMEL	1 CHANDLER DRIVE LONDONDERRY, NH 03053 USA
OTHER OFFICER	YUMIKO NAKAGAWA	64 COOLIDGE STREET BROOKLINE, MA 02446 USA
DIRECTOR	THE REV. STEPHEN CUSHING	547 NORTH AVE. WAKEFIELD, MA 01880 USA
DIRECTOR	DANIEL O COTT	1117 BROADHOLME PLACE VIRGINIA BEACH, VA 23455 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ASHLEY PECKHAM 31 WEST MAIN ROAD PORTSMOUTH , RI 02871

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of June, 2015 at 5:50:05 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KEN HAMEL
Signature of Authorized Person

Form No. 631
Revised 09/07

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