



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

**Non-Profit Corporation
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. 000294183

2. Name of Corporation RHODE ISLAND BLUEWAYS ALLIANCE

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 203 ARCADIA RD
C/O WOOD/PAWCATUCK WATERSHED
ASSOC.

City or Town: HOPE VALLEY

State: RI Zip: 02832 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

TO DEVELOP AND MAINTAIN A WATER TRAIL NETWORK LINKING RHODE ISLANDS
PONDS, LAKES, AND RIVERS TO NARRAGANSETT BAY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRUCE HOOKE	278 PROSPECT ST PLAINFIELD, MA 01070 USA

TREASURER	MEG KERR	151 PROSPECT AVE N. KINGSTOWN, RI 02852 USA
DIRECTOR	CHUCK HORBERT	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	DAVE STEWART	593 HIGHLAND RD PO BOX 79 TIVERTON, RI 02878 USA
DIRECTOR	GLENN RICCI	71 WARNER AVE WAKEFIELD, RI 02879 USA
DIRECTOR	JIM COLE	30 BRETON DR CHARLESTOWN, RI 02813 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

TERRY MEYER 505 WAYLAND AVENUE PROVIDENCE , RI 02906

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

Signed this 21 Day of June, 2015 at 9:20:07 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 MEG KERR
Signature of Authorized Person

Form No. 631
Revised 09/07

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