



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. 000308758

2. Name of Corporation Herreshoff Marine Museum Condominium Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1 BURNSIDE STREET

City or Town: BRISTOL

State: RI Zip: 02809 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 GOVERN AND MANAGE THE OWNERSHIP, OPERATION AND MANAGEMENT OF
THE PROPERTY KNOWN AS HERRESHOFF MARINE MUSEUM CONDOMINIUM
LOCATED IN BRISTOL, RHODE ISLAND AND RELATED ACTIVITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	WILLIAM H LYNN MR	67 HARBOR AVENUE MARBLEHEAD, MA 01945 USA
SECRETARY	DYER H JONES MR	320 THAMES STREET, #11

		NEWPORT , RI 02840 USA
DIRECTOR	MICHAEL HUDNER	301 WEST MAIN RD LITTLE COMPTON, RI 02837 USA
DIRECTOR	LAWRENCE D. LAVERS	62 BURTON ST. BRISTOL, RI 02809 USA
DIRECTOR	WILLIAM H. DYER JONES	3 KEY COURT NEWPORT, RI 02840 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**

MOSES AFONSO RYAN LTD. 160 WESTMINSTER STREET, SUITE 400 PROVIDENCE , RI 02903

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

Signed this 23 Day of June, 2015 at 11:31:39 AM 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 JOANNE C. CAMARA
Signature of Authorized Person

Form No. 631
Revised 09/07

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