



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.

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SECRETARY OF STATE
CORPORATIONS DIV
2015 AUG - 3 AM 11:38

1. Entity ID No. 30446		2. Exact name of the Corporation RHODE ISLAND LOBSTERMEN'S ASSOCIATION	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Organization of Rhode Island lobsterman	
5. Principal office address 3119 Post Road		City Wakefield	State RI
		Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Gregory Mataronas		Vice-President Name Brian Thibeault	
Street Address 265 Long Highway		Street Address 40 Lakeside Drive	
City Little Compton	State RI	Zip 02837	
Secretary Name None		Treasurer Name Bill McElroy	
Street Address		Street Address 3229 Tower Hill Road	
City	State	Zip	
		City Wakefield	State RI
		Zip 02879	
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 Gregory Mataronas	
Street Address 3119 Post Road		Street Address 265 Long Highway	
City Wakefield	State RI	Zip 02879	
Director Name Brian Thibeault		Director Name Aaron Gerwitz	
Street Address 40 Lakeside Drive		Street Address 351 Willard Avenue	
City Charlestown	State RI	Zip 02813	
		City Wakefield	State RI
		Zip 02879	
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

AUG 03 2015

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.

Gregory Mataronas 5/20, 2015
Signature of Officer or Authorized Representative Date

Gregory Mataronas

Print or Type Name of Officer or Authorized Representative

RHODE ISLAND LOBSTERMEN'S ASSOCIATION

Corporate ID No. 30446

2015 Annual Report

7. Additional Directors:

Bill McElroy
3229 Tower Hill Road
Wakefield, RI 02879

Russell E. Wallis
8 Walnut Road
Barrington, RI 02806

Dennis K. Ingram
3 Lee Drive
Warren, RI 02885

Kevin Sullivan
44 Francis Lane
Little Compton, RI 02837

Robert Bradfield
38 Garfield Street
Newport, RI 02840

Jeff Mulligan
10 Logan Street
Warwick, RI 02889