



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: 2016

1. Corporate ID No. 000562907

2. Name of Corporation International Association of Antarctica Tour Operators (IAATO)

3. State of Incorporation

State: WA

4. Corporate Address in Rhode Island

No. and Street: C/O JANEEN M. HAASE
320 THAMES STREET, SUITE 264

City or Town: NEWPORT State: RI Zip: 02840 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 ADVOCATE PROMOTE AND PRACTICE SAFE AND RESPONSIBLE PRIVATE SECTOR TRAVEL TO THE ANTARCTIC

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
EXECUTIVE DIRECTOR	PAULA KIM CROSBIE	18/3 GRANGE TERRACE EDINBURGH EH9 2LD GBR
FINANCE DIRECTOR	UTE HOHN-BOWEN	GOBEMADOR PAZ 33, 1 PISO USHUAIA ARG
CHAIR - EXECUTIVE COMMITTEE	ROBERT SIMPSON	1411 OPUS PLACE DOWNERS GROVE, IL 60515 USA

EXECUTIVE COMMITTEE	JAMES NOVAK	171 MAIN STREET ROAD TOWN, TORTOLA, VGB
EXECUTIVE COMMITTEE	RICHARD PRUITT	1050 CARIBBEAN WAY MIAMI, FL 33132 USA
EXECUTIVE COMMITTEE	MARLYNDA ELSTGEEST	SINGEL 292 VISSINGEN, 438VM NLD
EXECUTIVE COMMITTEE	PRASH KARNIK	300 ELLIOT AVENUE, WEST SEATTLE, WA 98119 USA
DIRECTOR	JANEEN M HAASE	40 WEB AVENUE NORTH KINGSTOWN, RI 02852 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**

JANEEN M. HAASE 320 THAMES STREET, SUITE 264 NEWPORT , RI 02840

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

Signed this 16 Day of May, 2016 at 1:04:23 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 LAURA GOLDSTEIN
Signature of Authorized Person

Form No. 631
Revised 09/07

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