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State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
2016 MAY 27 AM 11:21
SECRETARY OF STATE
CORPORATIONS DIV.

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
113189	RHODE ISLAND COMMERCIAL ROD AND REEL ASSOCIATION
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	PROMOTE INTERESTS OF COMMERCIAL FISHERMEN

5. Principal Office Address	City	State	Zip
29 Franklin ST	Lincoln	RI	02865

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: KENNETH B. BOOTH			Vice-President Name: DEREK PASCALE		
Street Address: 29 Franklin Street			Street Address: 67 BUTTERNUT DRIVE		
City: Lincoln	State: RI	Zip: 02865	City: NORTH KINGSTOWN	State: RI	Zip: 02852
Secretary Name: MICHAEL COLBY			Treasurer Name: DAVID BLACKBURN		
Street Address: 21 WOODLAND DR.			Street Address: 455 CAMP FULLER RD.		
City: CHARLESTOWN	State: RI	Zip: 02813	City: WAKEFIELD	State: RI	Zip: 02879

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☒

Director Name: KENNETH B. BOOTH			Director Name: DEREK PASCALE		
Street Address: 29 Franklin ST			Street Address: 67 BUTTERNUT DR		
City: Lincoln	State: RI	Zip: 02865	City: N. K	State: RI	Zip: 02879
Director Name: STEPHEN PARENTE			Director Name:		
Street Address: 4 TIDAL ST.			Street Address:		
City: WAKEFIELD	State: RI	Zip: 02879	City:	State:	Zip:

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative: Kenneth B. Booth — Date: 5/27/16

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED STAMP
MAY 27 2016
By KL 275386
11:24

Form No. 631
Revised: 2014
20167-2-1096876