



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.

1. Entity ID No. 149100		2. Exact name of the Corporation THE COASTAL WINERIES OF SOUTHEASTERN NEW ENGLAND			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island PROMOTE THE AWARENESS AND EDUCATION OF WINERIES/VINEYARDS			
5. Principal office address 582 WAPPING RD		City PORTSMOUTH	State RI	Zip 02871	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROB RUSSELL		Vice-President Name JOHN NUNES			
Street Address 417 HIXBRIDGE RD		Street Address 909 E MAIN RD			
City WESTPORT	State MA	Zip 02790	City MIDDLETOWN	State RI	Zip 02842
Secretary Name NANCY PARKER WILSON		Treasurer Name MARGARET HARTNETT			
Street Address 582 WAPPING RD		Street Address 1151 AQUIDNECK AVE BOX 551			
City PORTSMOUTH	State RI	Zip 02871	City MIDDLETOWN	State RI	Zip 02842
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CYNTHIA ROCHA		Director Name DAVE NEILSON			
Street Address 162 WEST MAIN RD		Street Address 61 PARDEN HILL RD			
City LITTLE COMPTON	State RI	Zip 02837	City S. DARTMOUTH	State MA	Zip 02748
Director Name MARIO MONTEZ		Director Name DAVE ROBERTS			
Street Address 760 PURCHASE ST		Street Address 11 SHORE RD			
City NEW BEDFORD	State MA	Zip 02740	City N TRURO	State MA	Zip 02652
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

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.

Signature of Officer or Authorized Representative

Date

MARGARET HARTNETT

Print or Type Name of Officer or Authorized Representative