



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: 2016

1. Corporate ID No. 000068860

2. Name of Corporation New Shoreham Tourism Council, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 40 CENTER ROAD, SUITE 101

City or Town: BLOCK ISLAND

State: RI Zip: 02807 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 PROMOTE TOURISM IN THE TOWN OF NEW SHOREHAM.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JOHN CULLEN	205 CONNECTICUT AVENUE BLOCK ISLAND, RI 02807 USA
DIRECTOR	JESSICA K. WILLI	1998 AMBROSE LANE BLOCK ISLAND, RI 02807
DIRECTOR	BRAD MARTHENS	4 HIGH STREET

		BLOCK ISLAND, RI 02807 USA
DIRECTOR	ZENA CLARK	25 BEACON HILL ROAD BLOCK ISLAND, RI 02807 USA
DIRECTOR	STEVE FILIPPI	10 WEST SIDE ROAD BLOCK ISLAND, RI 02807 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

JESSICA K. WILLI 23 WATER STREET PO BOX 356 BLOCK ISLAND , RI 02807

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

Signed this 6 Day of June, 2016 at 2:09:55 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 JOHN CULLEN
Signature of Authorized Person

Form No. 631
Revised 09/07

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