State of Rhode Island and Providence Plantations Fee: \$2 Office of the Secretary of State				
HOPE	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. 000025239				
2. Name of Corporation New England Seafarers Mission, Inc.				
3. State of Incorporation				
State: MA				
4. Corporate Address in Rhode Island				
No. and Street:1 SEAVIEW AVENUECity or Town:PROVIDENCEState: RIZip: 02905Country: 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				
PROTECTING AND AIDING SAILORS AND IMMIGRANTS BY PROVIDING THEM WITH A TEMPORARY CHRISTIAN HOME AND BY MINISTERING GENERALLY TO THEIR PHYSICAL, MORAL AND SPIRITUAL NEEDS.				
7. Names and Addresses of the Officers and Directors:				
All officers and directors must be listed.				
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country	
PRESIDENT	LAWRENCE ANDREWS	55 CONVERSE S WAKEFIELD, MA 01880		
TREASURER	MATTHEW MODAFF	10 LOVETT STRE SALEM, MA 01970 L		
SECRETARY	LOUIS T ZACZKIEWICZ	28 MORELAND A		

LEXINGTON, MA 02421 USA

OTHER OFFICER	CHERYL HAMEL	1 CHANDLER DRIVE LONDONDERRY, NH 03053 USA
OTHER OFFICER	YUMIKO NAKAGAWA	64 COOLIDGE STREET BROOKLINE, MA 02446 USA
VICE PRESIDENT	KAREN PALMATIER	305 WHITWELL ST. QUNICY, MA 02169 USA
DIRECTOR	THE REV. STEPHEN CUSHING	547 NORTH AVE. WAKEFIELD, MA 01880 USA
DIRECTOR	DANIEL O COTT	1117 BROADHOLME PLACE VIRGINIA BEACH, VA 23455 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

ASHLEY PECKHAM 31 WEST MAIN ROAD PORTSMOUTH, RI 02871

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

Signed this 14 Day of July, 2016 at 2:27:30 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 MATTHEW MODAFF

Signature of Authorized Person

Form No. 631 Revised 09/07

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