



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

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			
118317	Rhode Island Marine Trade Association			
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island			
Rhode Island	promote confidence & cooperation among persons engaged in the marine industry			
5. Principal Office Address		City	State	Zip
99 Poppasquash Road		Bristol	RI	02809
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐				
President Name Richard Cromwell		Vice-President Name Brandon Kidd		
Street Address 1250 East Main Road		Street Address 109 Point Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI Zip 02871
Secretary Name Don Vivenzio		Treasurer Name Nancy Parrillo		
Street Address 360 Gooseberry Roda		Street Address 99 Poppasquash Road		
City Wakefield	State RI	Zip 028799	City Bristol	State RI Zip 02809
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐				
Director Name William Munger		Director Name Fred Bieberbach		
Street Address 20 Narragansett Ave		Street Address 40 Union St		
City Jamestown	State RI	Zip 02835	City Riverside	State RI Zip 02915
Director Name John Tregenza		Director Name Andrew Tyska		
Street Address 13 Pasadena Ave		Street Address 99 Poppasquash Rd		
City Westerly	State RI	Zip 02891	City Bristol	State RI Zip 02835
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				Date
Richard Cromwell				6/16/16
Signature of Officer/Authorized Representative				

FILED

JUL 14 2016

BY