



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 33891		2. Exact name of the Corporation Block Island Economic Development Foundation Corporation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide full year-round housing for residents of the Block Island community			
5. Principal Office Address P. O. Box 619, Aldo's Way off Chapel Street			City Block Island	State RI	Zip 02807
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Monica Hull Shea			Vice-President Name Peter Saxon		
Street Address Hull Lane			Street Address P. O. Box 755		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Rebecca Brown			Treasurer Name Joyce Gibran		
Street Address P. O. Box 222			Street Address P. O. Box 887		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Monica Hull Shea			Director Name Peter Saxon		
Street Address Hull Lane			Street Address P. O. Box 755		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name Rebecca Brown			Director Name Joyce Gibran		
Street Address P. O. Box 222			Street Address P. O. Box 887		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative PETER SAXON					Date July 14, 2016
Signature of Officer/Authorized Representative <i>Peter Saxon</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED *or*
JUL 27 2016
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BIED Directors

Joyce Gibran, P. O. Box 887, Block Island, RI 02807

Amadeo Molfesi, P. O. Box 1021, Block Island, RI 02807

Gail Pierce, West Side Road, Block Island, RI 02807

Monica Hull Shea, Hull Lane, Block Island, RI 02807

Linda Spak, P. O. Box 1143, Block Island, RI 02807

Kathleen Saxon, P. O. Box 755, Block Island, RI 02807

Peter Saxon, P. O. Box 755, Block Island, RI 02807

Diane Lamb, P. O. Box 1741, Block Island, RI 02807

Heather Littlefield, Beacon Hill Lane, Block Island, RI 02807

Laurel Nelson, P. O. Box 1511, Block Island, RI 02807

Rebecca Brown, P. O. Box 222, Block Island, RI 02807