



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

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUL 29 PM 3:35

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			
98593		The Block Island Maritime Institute, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island					
5. Principal Office Address		City	State	Zip	
P.O. Box 358		Block Isl	RI	02840	
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jack Lynch		Vice-President Name Judith Gray			
Street Address P.O. Box 57		Street Address P.O. Box 746			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name James Hinthorn		Treasurer Name Susan Weissman			
Street Address P.O. Box 1214		Street Address P.O. Box 97			
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 type="checkbox"/>			
Director Name Henry Hill		Director Name John Lehman			
Street Address P.O. Box 1673		Street Address P.O. Box 154			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name Don McCluskey		Director Name George Mellor			
Street Address P.O. Box 1288		Street Address P.O. Box 1288			
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 541.					
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 Susan Weissman				Date 7/27/2016	
Signature of Officer/Authorized Representative 					

FILED

JUL 29 2016

BY 280296