



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.** 001598099

**2. Name of Corporation** Shannon River Marine Heritage Foundation

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 19 BROADCOMMON RD

City or Town: BRISTOL

State: RI Zip: 02809 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 45 FRANKLIN STREET

City or Town: NEW BEDFORD State: MA Zip: 02740 Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO TRAIN THE NEXT GENERATION OF BOAT BUILDERS WITH NEW SKILLS IN THE REPAIR, BUILDING AND RESTORATION OF OLDER WOOD AND FIBERGLASS BOATS.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
DIRECTOR	THOMAS QUINLAN	790 WOOD STREET FALL RIVER, MA 02721 USA
DIRECTOR	WILLIAM RAMOS	33 SHERMAN AVENUE BRISTOL, RI 02809 USA

DIRECTOR

WALTER A. SCHULZ

732 COUNTY STREET  
NEW BEDFORD, MA 02740 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**

WILLIAM RAMOS 19 BROAD COMMON ROAD BRISTOL , RI 02809

**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 October, 2016 at 12:55:38 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 WALTER A SCHULZ  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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