RI SOS Filing Number: 201610611640 Date: 10/19/2016 4:00 PM

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
504852	**Eastern New England Scallop Association**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	To represent scallop fishermen from eastern New England at various regulatory boards and related activities

5. Principal Office Address	City	State	Zip
1041 Ten Rod Road, Suite B	**North Kingstown**	**RI**	**02852**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Michael L. Marchetti**			Vice-President Name **Gary Hatch**		
Street Address **3119 Post Road**			Street Address **6 Town Clerk Road**		
City **Wakefield**	State **RI**	Zip **02879**	City **Owl's Head**	State **ME**	Zip **04584**
Secretary Name **Wally Gray**			Treasurer Name **Peter Spong**		
Street Address **P. O. Box 178**			Street Address **208 Church Street**		
City **Stonington**	State **ME**	Zip **04681**	City **Bradford**	State **RI**	Zip **02808**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **Michael L. Marchetti**			Director Name **John Fish**		
Street Address **3119 Post Road**			Street Address **47 Stanton Avenue**		
City **Wakefield**	State **RI**	Zip **02879**	City **Narragansett**	State **RI**	Zip **02882**
Director Name **Wally Gray**			Director Name **Gary Hatch**		
Street Address **P. O. Box 178**			Street Address **6 Town Clerk Road**		
City **Stonington**	State **ME**	Zip **04681**	City **Owl's Head**	State **ME**	Zip **04584**

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
Michael L. Marchetti	Michael L. Marchetti	OCT 14 , 2016

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

FILED
OCT 19 2016
BY DM

Form No. 631
Revised: 2016

143283-2-1084331