RI SOS Filing Number: 201745528790 Date: 6/14/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2017 **Non-Profit Corporation** 

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if	form is not filed t	by July 30.				
1. Entity ID Number	2. Exact name of the Corporation					
160202	East Coast Shellfish Research Institute					
3. State of incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	To develop and disseminate scientific, technical and educational information of value to					
4. NAICS Code	the general public, shellfish farmers, and public officials in connection with improving shellfish Farming practices.					
813920 - Professional Org  ▼						
6. Principal Office Address			City	State	Zip	
28 Carolina Main Street			Carolina	RI	02812	
7. List ALL officers (names and add			CI	heck the box to indicate	an attachment	
President Name Dr. John Kraeuter			Vice-President Name Dr. Troy Alphin			
Street Address 11 Hills Beach Road			Street Address 5600 Markin K Moss Lane			
City Biddeford	State ME	<sup>Zip</sup> 04005	City Wilmington	State NC	<sup>Zip</sup> 28409	
Secretary Name Gregg Rivara			Treasurer Name John W Ewart			
Street Address 3690 Cedar Beach Road			Street Address 700 Pilottown Road			
City Southold	State NY	<sup>Zip</sup> 11971	City Lewes	State DE	<sup>Zip</sup> 19958	
8. List ALL directors (names and ac	idresses). RI Co	orporations MUST	list at least THREE directors.	Check the box to indic	ate an attachment	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Registered Agent in Rhode Islan	d. This informatio	n is currently of reco	rd in the Department of State. Char	nges require filing Form 64	1,	
Under penalty of perjury, I declar statements, and that all statemen	re and affirm th	at I have examine	ed this report, including any a			
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  TOHN WEWART TREASURE ECSRI 6-11-201						
Signature of Officer/Authorized Rep	resentative	<u> </u>	UMENT HERE			

Division of Business Services
148 W. River Street Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov

**FILED** 

FORM 631 - Revised: 05/2017

## 8. DIRECTORS Continued

Dr. Chris Davis P.O. Box 302 Waldoboro, ME 04572

Dr. Richard Langan
Gregg Hall, Suite 130
University of New Hampshire
35 Colovos Road
Durham, NH 03824

Ethan Estey
P.O. Box 307
South Wellfleet, MA 02663

Dr. Michael Rice University of Rhode Island 9 East Alumni Avenue Kingston, RI 02881

Dr. Gary Wikfors NOAA Fisheries Service 212 Rogers Avenue Milford, CT 06460

Dorothy L. Leonard
Ocean Equities LLC
76 Rolling View Drive
Annapolis, MD 21409

Dr. Mike Pierson Cherrystone Aquafarms P.O. Box 347 Cheriton, VA 23316

William D. Anderson SCDNR/MRD P.O. Box 12559 Charleston, SC 29422 Dr. Randal L. Walker University of Georgia Room 1030 – Chicopee Bldg. #1 Athens, GA 30602

Shirley Baker University of Florida/IFAS 7922 NW 71<sup>st</sup> Street Gainesville, FL 32653

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JUN 14 2017

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