



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

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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 by July 30.

1. Entity ID Number 108866		2. Exact name of the Corporation The Block Island Maritime Funding, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fundraising activities promoting the education for children in marine sciences			
4. NAICS Code 813219					
6. Principal Office Address P.O. Box 95		City Newport		State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard T. Harris			Vice-President Name Elizabeth Towne		
Street Address P.O. Box 95			Street Address P.O. Box 95		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Linda Watts			Treasurer Name Susan Rhodes		
Street Address P.O. Box 95			Street Address P.O. Box 95		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. 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 Richard T. Harris			Director Name Elizabeth Towne		
Street Address P.O. Box 95			Street Address P.O. Box 95		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Linda Watts			Director Name		
Street Address P.O. Box 95			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
9. 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 Richard T. Harris, President				Date 6-8-2017	
Signature of Officer/Authorized Representative <i>R. T. Harris</i>				FILED	

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

JUN 14 2017
BY *135994*
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