



**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:** 2017

**1. Corporate ID No.** 000033891

**2. Name of Corporation** THE BLOCK ISLAND ECONOMIC DEVELOPMENT FOUNDATION, INC.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813219

**4. Corporate Address in Rhode Island**

No. and Street: ALDO'S WAY OFF CHAPEL STREET  
P.O. BOX 619

City or Town: BLOCK ISLAND

State: RI Zip: 02807 Country: USA

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

No. and Street:

City or Town: State: Zip: Country:

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

TO PROVIDE FULL YEAR ROUND HOUSING FOR RESIDENTS OF BLOCK ISLAND.  
ORGANIZED FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC  
PURPOSES AND QUALIFIES UNDER SECTION 501C3 OF THE INTERNAL REVENUE  
CODE.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	PETER SAXON	P.O. BOX 755 BLOCK ISLAND, RI 02807 US
TREASURER	DIANE LAMB	P.O. BOX 1741 BLOCK ISLAND, RI 02807 US
SECRETARY	REBECCA BROWN	P. O. BOX 222 BLOCK ISLAND, RI 02807 US
VICE-PRESIDENT	MONICA HULL SHEA	HULL LANE BLOCK ISLAND, RI 02807 US
DIRECTOR	LINDA SPAK	P. O. BOX 1143 BLOCK ISLAND, RI 02807 US
DIRECTOR	GAIL PIERCE	P.O. BOX 1237 BLOCK ISLAND, RI 02807 US
DIRECTOR	AMADEO MAFOSI	P. O. BOX 1021 BLOCK ISLAND, RI 02807 US
DIRECTOR	KATHLEEN MULSHINE SAXON	P. O. BOX 755 BLOCK ISLAND, RI 02807 US
DIRECTOR	HEATHER RUSSO LITTLEFIELD	P. O. BOX 1074 BLOCK ISLAND, RI 02807 US

**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**

ELLIOT TAUBMAN HIGH STREET P.O. BOX 277 BLOCK ISLAND , RI 02807

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 30 Day of June, 2017 at 5:02:49 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 PETER SAXON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

