



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 by July 30.

1. Entity ID Number 130752		2. Exact name of the Corporation EAST FARM COMMERCIAL FISHERIES CENTER			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO COOPERATE WITH FEDERAL AND STATE AGENCIES AS WELL AS EDUCATIONAL INSTITUTIONS TO ENHANCE AND PROMOTE THE FISHERIES IN THE STATE OF RHODE ISLAND			
4. NAICS Code 813920 - Professional Organiza					
6. Principal Office Address URI - East Farm Campus, Bldg. 59		City Kingston	State RI	Zip 02881	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher T. Brown			Vice-President Name Gregory Mataronas		
Street Address 35 Erica Court			Street Address 265 Long Highway		
City West Kingston	State RI	Zip 02892	City Little Compton	State RI	Zip 02837
Secretary Name			Treasurer Name Michael Marchetti		
Street Address			Street Address 3119 Post Road		
City	State	Zip	City Wakefield	State RI	Zip 02879
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 Christopher T. Brown			Director Name Gregory Mataronas		
Street Address 35 Erica Court			Street Address 265 Long Highway		
City West Kingston	State RI	Zip 02892	City Little Compton	State RI	Zip 02837
Director Name Michael Marchetti			Director Name		
Street Address 3119 Post Road			Street Address		
City Wakefield	State RI	Zip 02879	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Christopher T. Brown, President				Date 7/12/17	
Signature of Officer/Authorized Representative <i>Christopher Brown</i>				FILED JUL 19 2017 BY <i>SJS/ell</i>	

MAIL TO:
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 Website: www.sos.ri.gov