RI SOS Filing Number: 201864041680 Date: 5/7/2018 11:01:00 AM



State of Rhode Island and Providence Plantations

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

2017

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2018 MAY -7 . AM 10: 59

Annual Report for the year: **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	— y i aliaty. Additional \$25.00 fee il form is not med by odly 50						
3. State of Incorporation Rhode Island Rhode Island A Clean Shore in Every Port encourages sustainable practices for the environment by eliminating the use of plastic food service items used by businesses and yachts in Rhode Island.  4. NAICS Code 813312 - Environment, Cons 6. Principal Office Address 6. Principal Office Address 6. Principal Office Address 6. Principal Office Rode Street  City Newport Ri  City State Ri  City Newport Ri  City Newport Ri  City Newport Ri  State None  Street Address None  City None State None  Street Address None  City none Street Address None  City none State none Street Address None  City none State none Street Address None  City none State None  City none State none Street Address None  City none State None  City none State None Street Address None  City none State None State None  City none State None  City none State None State None  City none State None  City none State None Street Address None  City none State None  City none State None Street Address None  City none State None  City Newport  City Newport  City Newport  State Ri  Ci	1. Entity ID Number	2. Exact name of the Corporation					
A Clean Shore in Every Port encourages sustainable practices for the environment by eliminating the use of plastic food service items used by businesses and yachts in Rhode Island.  4 NAICS Code  813312 - Environment, Cons   5 Principal Office Address  5 Principal Office Address  5 Bridge Street  City  Newport  City  State  City  Newport  Street Address  Street Address  Street Address  none  City none  Street Address  none  City none  Street Address  State none  City none  Street Address  State none  City none  Street Address  State I State none  City none  Street Address  State I State none  City none  Street Address  State Rill  City none  Street Address  State I State none  City none  City none  Street Address  State I State none  City none  Street Address  State I Sta	743110	Clean Shore in Every Port, Ltd.					
the use of plastic food service items used by businesses and yachts in Rhode Island.  A NAICS Code 813312 - Environment, Cons 6. Principal Office Address 56 Bridge Street  City Newport  RI  02840  7. List ALL Officers (names and addresses)  Check the box to indicate an attachment President Name Karen Kelly Shea  Street Address 56 Bridge Street  City Newport  State City Newport  State City Newport  State City Newport  State Street Address none  City None  Street Address none  City None Street Address None  City None State Street Address None  City None State Street Address None  City None State State City None State State Street Address Se Bridge Street  City None State Street Address Se Bridge Street  City None State Street Address Se Bridge Street  City Newport State City Newport State City Newport State City Newport State Street Address Se Bridge Street  City Newport State City Newport State City Newport State City Newport State Street Address Se Bridge Street  City Newport State City Newport State Street Address Se Bridge Street  City Newport State City Newport State Street Address Se Bridge Street  City Newport State State Street Address None City Newport State Street Address Se Bridge Street  City Newport State State Street Address None City Newport State State State Street State Street State St	3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
4. NAICS Code  813312 - Environment, Cons   6. Principal Office Address	Rhode Island	A Clean Shore in Every Port encourages sustainable practices for the environment by eliminating					
6. Principal Office Address 56 Bridge Street  Newport  7. List ALL Officers (names and addresses)  Check the box to indicate an attachment President Name Karen Kelly Shea  Street Address 56 Bridge Street  City Newport  State RI  Zip 02840  City none  Street Address none  City none  Street Address Se Bridge Street  City Newport  Director Name Julia Towne  Street Address 56 Bridge Street  City Newport  Street Address 56 Bridge Street  City Newport  Street Address Se Bridge Street  Cit	4. NAICS Code	trie use of plastic food service items used by businesses and yachts in Knode Island.					
Steel Address none  City Newport  State none  Street Address 56 Bridge Street  City Name Denny Shea  Street Address 56 Bridge Street  City Newport  State RI  City Newport  State RI  City none  State none  City none  City none  State none  City none  City none  State none  City none  State none  City none  City none  State none  City none  City none  State none  City none  City none  City none  City none  State none  City none  City none  City none  City none  City none  City none  State none  City Newport  City none  City	813312 - Environment, Cons						
T. List ALL officers (names and addresses)  Street Address 56 Bridge Street  City Newport  State Ri  Zip 02840  City none  Street Address none  City none  Street Address none  Street Address none  City none  State none  Street Address none  City none  State none  State none  City none  State none  City none  State none  State none  City none  Street Address  State Ri  Zip 02840  City Newport  Stat	6. Principal Office Address			City	State	Zip	
Vice-President Name	56 Bridge Street			Newport	RI	02840	
Street Address 56 Bridge Street  City Newport  State RI  Zip 02840  City none  Treasurer Name none  Street Address none  City none  State none  Street Address none  City none  State none  Street Address none  City none  State none  State none  Zip none  City none  State none  State none  Zip none  City none  State directors.  Check the box to indicate an attachment  Director Name Julia Towne  Street Address 56 Bridge Street  City Newport  State RI  Zip 02840  City Newport  Director Name Denny Shea  Street Address 56 Bridge Street  City Newport  State RI  Zip 02840  City Newport  Director Name none  Street Address 56 Bridge Street  City Newport  State RI  Zip 02840  City Newport  Director Name none  Street Address 56 Bridge Street  City Newport  Director Name none  Street Address none  City Newport  State RI  Zip 02840  City Newport  State RI  Z	<u> </u>						
State RI Zip 02840 City none State none Zip none  Street Address none  Street Address none  Street Address none  City none State none Zip none  8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment Director Name Julia Towne  Director Name Julia Towne  Street Address 56 Bridge Street  City Newport State RI Zip 02840 City Newport State RI Zip 02840  Director Name none  Street Address 56 Bridge Street  City Newport State RI Zip 02840 City none  Street Address 56 Bridge Street  City Newport State RI Zip 02840 City none  Street Address none  City Newport State RI Zip 02840 City none  Street Address none  City Newport State RI Zip 02840 City none  Street Address none  City Newport State none Zip none  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.  Name of Officer/Authorized Representative  Name of Officer/Authorized Representative  Signature of Officer/Authorized Representative  Name of Officer/Authorized Representative  Signature of Officer/Authorized Representative	President Name Karen Kelly Shea			Vice-President Name none			
Secretary Name none  Street Address none  City none  State none  State none  City none  State none  Check the box to indicate an attachment  Check the box to indicate an attachment  Director Name  Julia Towne  Street Address  Street Address  Se Bridge Street  City Newport  State RI  Zip 02840  City Newport  Street Address  None  City Newport  State RI  Zip 02840  City none  State none  Zip none  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.  Name of Officer/Authorized Representative  Karen Kelly Shea  Signature of Officer/Authorized Representative  May 3, 2018	Street Address 56 Bridge Street			Street Address none			
Street Address none  City none  State none  Zip none  City none  State none  Zip none  City none  State none  City none  State none  State none  Zip none  State none  Zip none  State none  City none  State none  City none  Director Name  Street Address  Street Address  Se Bridge Street  City Newport  State RI  Zip 02840  City Newport  Director Name  Director Name  Denny Shea  Street Address  Street Address  Street Address  So Bridge Street  City Newport  State RI  Zip 02840  City none  Street Address  Street Address  Street Address  None  City Newport  State RI  Zip 02840  City none  Street Address  Street Address  None  City Newport  State none  Zip none  Zip none  Street Address  Street Address  None  City Newport  State none  Zip none  Zip none  Street Address  None  City none  State none  Zip none  State none  Zip none  Director Name none  Street Address  Street Address  None  City Newport  State none  Zip none  Director Name none  Street Address  None  City none  State none  Zip none  Director Name none  Street Address  None  City none  State none  Zip none  Director Name none  City none  State none  Zip none  Director Name none  City none  State none  Zip none  Director Name none  City none  State RI  Zip 02840  City none  State RI  Zip 02840  City none  State RI  Zip 02840  City none  State RI  Zip none  Zip none  Director Name none  Zip none  Director Name none  Zip none  Zip none  Director Name none  Zip none  Zip none  Director Name none  Zip none  Director Name none  Zip none  Zip none  Director Name none  Zip none  Zip none  Director Name none  Zip none  Zip none  Zip none  Zip none  Director Name none  Zip	City Newport	State RI	<sup>Zip</sup> 02840		State none	Zip none	
City none  State none  Street Address  Street	Secretary Name none						
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment Director Name Julia Towne  Street Address 56 Bridge Street  City Newport  State RI  Zip 02840  City Newport  Street Address 56 Bridge Street  Director Name none  Street Address 56 Bridge Street  City Newport  State RI  Zip 02840  City Newport  Director Name none  Street Address none  City Newport  State RI  Zip 02840  City none  Street Address none  City Newport  State RI  Zip 02840  City none  State none  Zip none  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 Troasurer, duly Authorized Representative, Receiver or Trustee  Name of Officer/Authorized Representative  Karen Kelly Shea  Signature of Officer/Authorized Representative	Street Address none			Street Address none			
City Newport  Street Address 56 Bridge Street  Street Address 56 Bridge Street  City Newport  Director Name Denny Shea  Street Address 56 Bridge Street  City Newport  Director Name Denny Shea  Director Name none  Street Address 56 Bridge Street  City Newport  Director Name none  Street Address 56 Bridge Street  City Newport  City Newport  State RI  Zip 02840  City none  Street Address none  City Newport  State RI  Zip 02840  City none  State none  Zip none  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 Treasurer, duly Authorized Representative, Receiver or Trustee  Name of Officer/Authorized Representative  Karen Kelly Shea  Signature of Officer/Authorized Representative  Signature of Officer/Authorized Representative  Signature of Officer/Authorized Representative	City none	State none	Zip none	City none	State none	Zip none	
Street Address 56 Bridge Street  City Newport  State RI  Zip 02840  City Newport  Director Name Denny Shea  Street Address 56 Bridge Street  Street Address none  City Newport  State RI  Zip 02840  City none  Street Address none  City Newport  State RI  Zip 02840  City none  State none  Zip none  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  Karen Kelly Shea  Signature of Officer/Authorized Representative  Signature of Officer/Authorized Representative							
City Newport  State RI  Director Name Denny Shea  Director Name Denny Shea  Street Address 56 Bridge Street  State RI  Zip 02840  Street Address none  State Address none  City Newport  State RI  Zip 02840  City none  State none  Zip none  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  Signature of Officer/Authorized Representative  State RI  Zip 02840  City none  State none  Zip none  Date May 3, 2018	Director Name Julia Towne						
Director Name Denny Shea  Street Address 56 Bridge Street  City Newport  State RI  Zip 02840  City none  State none  Zip none  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, duty Authorized Representative, Receiver or Trustee  Name of Officer/Authorized Representative  Karen Kelly Shea  Signature of Officer/Authorized Representative	Street Address 56 Bridge Street			Street Address 56 Bridge Street			
Street Address 56 Bridge Street  State RI  Zip 02840  City none  State none  Zip none  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  Karen Kelly Shea  Signature of Officer/Authorized Representative	City Newport	State RI	<sup>Zip</sup> 02840	City Newport	State RI	<sup>Zip</sup> 02840	
State RI  Zip 02840  City none  State none  Zip none  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  Karen Kelly Shea  Signature of Officer/Authorized Representative	Director Name Denny Shea			Director Name none			
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  Karen Kelly Shea  Signature of Officer/Authorized Representative	Street Address 56 Bridge Street			none			
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  Karen Kelly Shea  Signature of Officer/Authorized Representative	City Newport	State RI	<sup>Zip</sup> 02840	City none	State none	Zip none	
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  Karen Kelly Shea  Signature of Officer/Authorized Representative	9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641						
Name of Officer/Authorized Representative  Karen Kelly Shea  Signature of Officer/Authorized Representative  Date  May 3, 2018							
Signature of Officer/Authorized Representative  May 3, 2018							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 0 7 2018 11:01

BY a 3300 76 FORM 631 - Revised: 11/2017