



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

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number 743110		2. Exact name of the Corporation Clean Shore in Every Port, Ltd.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in 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 56 Bridge Street		City Newport		State RI	Zip 02840
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐					
President Name Karen Kelly Shea		Vice-President Name none			
Street Address 56 Bridge Street		Street Address none			
City Newport	State RI	Zip 02840	City none	State none	Zip none
Secretary Name none		Treasurer Name none			
Street Address none		Street Address none			
City none	State none	Zip 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 Elaine Lembo			
Street Address 56 Bridge Street		Street Address 56 Bridge Street			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Denny Shea		Director Name none			
Street Address 56 Bridge Street		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				Date May 3, 2018	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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

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BY Cu 330076 FORM 631 - Revised: 11/2017