



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

Annual Report for the year: **2018**

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 160202		2. Exact name of the Corporation East Coast Shellfish Research Institute			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To develop and disseminate scientific, technical and educational information of value to the general public, shellfish farmers, and public officials in connection with improving shellfish farming practices.			
4. NAICS Code 813920 - Professional Organiz <input type="checkbox"/>					
6. Principal Office Address 28 Main Street (Box 487)			City Carolina	State RI	Zip 02812
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dr. John Kraeuter			Vice-President Name Dr. Troy Alphin		
Street Address 11 Hills Beach Road			Street Address 500 Markin K Moss Lane		
City Biddeford	State ME	Zip 04005	City Wilmington	State NC	Zip 28409
Secretary Name Gregg Rivara			Treasurer Name John W Ewart		
Street Address 3690 Cedar Beach Road			Street Address 700 Pilottown Road		
City Southold	State NY	Zip 11971	City Lewes	State DE	Zip 19958
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 JOHN W EWART					Date 6-1-2018
Signature of Officer/Authorized Representative <i>John W Ewart</i>					FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2675
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUN 04 2018

BY **1056 DS** FORM 631 - Revised: 11/2017

8. DIRECTORS Continued

Dr. Chris Davis
P.O. Box 302
Waldoboro, ME 04572

Dr. Richard Langan
Gregg Hall, Suite 130
University of New Hampshire
35 Colovos Road
Durham, NH 03824

Ethan Estey
P.O. Box 307
South Wellfleet, MA 02663

Dr. Michael Rice
University of Rhode Island
9 East Alumni Avenue
Kingston, RI 02881

Dr. Gary Wikfors
NOAA Fisheries Service
212 Rogers Avenue
Milford, CT 06460

Dorothy L. Leonard
Ocean Equities LLC
76 Rolling View Drive
Annapolis, MD 21409

Dr. Mike Pierson
Cherrystone Aquafarms
P.O. Box 347
Cheriton, VA 23316

William D. Anderson
SCDNR/MRD
P.O. Box 12559
Charleston, SC 29422

Dr. Randal L. Walker
University of Georgia
Room 1030 – Chicopee Bldg. #1
Athens, GA 30602

Shirley Baker
University of Florida/IFAS
7922 NW 71st Street
Gainesville, FL 32653

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