

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2018

→ 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	2. Exact name of the Corporation				
46221	Salt Ponds Coalitiion, Inc.				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	Water quality monitoring, public education and advocacy for the coastal salt ponds in Rhode				
4. NAICS Code	Island.				
813312 - Environment, Consers					
6. Principal Office Address			City	State	Zip
SPC c/o M. Mugge, 89 Noyes Neck Rd			Westerly	RI	02891
7. List ALL officers (names and add	tresses)			ck the box to indicate	e an attachment
President Name Arthur Ganz			Vice-President Name Richard Sartor		
Street Address 281 East Beach Rd			Street Address 25 Wells Lane		
City Charlestown	State RI	^{Zip} 02813	City Charlestown	State RI	^{Zip} 02813
Secretary Name Peter Moehrke			Treasurer Name Marshall Mugge		
Street Address 110 E Indigo Point Rd			Street Address 89 Noyes Neck Rd		
City South Kingstown	State RI	^{Zip} 02879	City Westerly	State RI	^{Zip} 02891
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Oirector Name Barbara Engel			Director Name William Lester		
Street Address 6 Passpataug Ave			Street Address 36 Williams Ave		
City Westerly	State RI	^{Zip} 02891	City Westerly	State RI	Z _{IP} 02891
Director Name Leo Mainelli			Director Name Ann Manion		
Street Address 151 Sunset Dr			Street Address 109 Main St		
City Charlestown	State RI	Zip 02813	City Southborough	State MA	^{Zip} 01772
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 Marshall Mugge / Treasurer				Date June 6, 2018	
Signature of Officer/Authorized Representative Marshall Mugge / Treasurer					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

JUN 1 1 2018

FORM 631 - Revised: 11/2017

Additional Board of Directors



June 2018

Entity Name: Salt Ponds Coallition, Inc.

Entity ID: 46221

Denise Mulcahy (2014) 419 West Beach Road Charlestown, RI 02813

Chris Randall (2012) 4009 Old Post Road Charlestown, RI 02813

Ted See (2013) 134 Westerly Terrace Hartford, CT 06105

John Crandall 5329 Old Post Rd Charlestown, RI 02813

FILED #4/0221 JUN 11 2018 1105/00