



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.

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SECRETARY OF STATE
CORPORATIONS DIV

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|--|-----------------|--|---|--|---------------------|
| 1. Entity ID Number 108866 | | 2. Exact name of the Corporation The Block Island Maritime Funding, Inc. | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Fundraising activities promoting the education for children in marine sciences | | | |
| 4. NAICS Code 813219 - Other Grantmaking | | | | | |
| 6. Principal Office Address P.O. Box 95 | | | City Newport | State RI | Zip 02840 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Richard T. Harris | | | Vice-President Name Elizabeth Harris | | |
| Street Address P.O. Box 95 | | | Street Address P.O. Box 95 | | |
| City Newport | State RI | Zip 02840 | City Newport | State RI | Zip 02840 |
| Secretary Name Linda Watts | | | Treasurer Name Susan Rhodes | | |
| Street Address P.O. Box 95 | | | Street Address P.O. Box 95 | | |
| City Newport | State RI | Zip 02840 | City Newport | State RI | Zip 02840 |
| 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 Richard T. Harris | | | Director Name Elizabeth Harris | | |
| Street Address P.O. Box 95 | | | Street Address P.O. Box 95 | | |
| City Newport | State RI | Zip 02840 | City Newport | State RI | Zip 02840 |
| Director Name Linda Watts | | | Director Name | | |
| Street Address P.O. Box 95 | | | Street Address | | |
| City Newport | State RI | Zip 02840 | 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 Richard T. Harris, President | | | | Date 07/16/2018 | |
| 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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