

AMENDED

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 OCT 23 PM 12:39



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 001335146		2. Exact name of the Corporation The Seekonk Riverbank Revitalization Alliance			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Improve shoreline access, recreational use, and ecological health of the Seekonk shoreline and watershed			
4. NAICS Code 813312					
6. Principal Office Address 626 Angell Street		City Providence	State RI	Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 Jonathan Ford		Director Name Francis Richards			
Street Address 132 Irving Avenue		Street Address 15 Creighton Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Kenneth Orenstein		Director Name			
Street Address 330 Lloyd Avenue		Street Address			
City Providence	State RI	Zip 02906	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 Albert Dahlberg				Date 10/14/2018	
Signature of Officer/Authorized Representative Albert Dahlberg					

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

OCT 23 2018



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

October 23, 2018 12:39 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

