

# AMENDED

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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 <u>001335146</u>		2. Exact name of the Corporation <u>The Seekonk Riverbank Revitalization Alliance</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Improve shoreline access, recreational use, and ecological health of the Seekonk shoreline and watershed</u>	
4. NAICS Code <u>813312</u>			
6. Principal Office Address <u>626 Angell Street</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02906</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name		Vice-President Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Jonathan Ford</u>		Director Name <u>Francis Richards</u>	
Street Address <u>132 Irving Avenue</u>		Street Address <u>15 Creighton Street</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02906</u>		Zip <u>02906</u>	
Director Name <u>Kenneth Orenstein</u>		Director Name	
Street Address <u>330 Lloyd Avenue</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02906</u>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
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 <u>Albert Dahlberg</u>			Date <u>10/14/2018</u>
Signature of Officer/Authorized Representative <u>Albert Dahlberg</u>			

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

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FORM 631 - Revised: 06/2017