



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000031060

**2. Name of Corporation** Seamen's Church Institute of Newport

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 18 MARKET SQUARE  
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO OPERATE AS A HAVEN FOR SEAFARERS AND TO OFFER PERSONS AFFILIATED WITH SEAFARING ACTIVITIES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ANN SOUDER	PO BOX 3261 NEWPORT, RI 02840 USA
TREASURER	MONIKA MILLER	45 ELM ST. NEWPORT, RI 02840 USA
SECRETARY	LAWRENCE MODISETT	200 WINDSTONE DR PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	HUW THOMAS	97 HARRISON AVE #5 NEWPORT, RI 02840 USA
DIRECTOR	SARAH GAINES	3172 TOWER HILL RD WAKEFIELD, RI 02879 USA
DIRECTOR	DAVID GOVE	135 RHODE ISLAND AVE NEWPORT, RI 02840 USA
DIRECTOR	EDWARD COLL	109 LONG WHARF NEWPORT, RI 02840 USA
DIRECTOR	GEORGE CROWNINSHIELD	319 BERKELEY AVE MIDDLETOWN, RI 02842 USA
DIRECTOR	ERIK LARSEN	390 INDIAN AVE MIDDLETOWN, RI 02842 USA
DIRECTOR	SUSAN PERKINS	515 SPRING ST. NEWPORT, RI 02840 USA
DIRECTOR	STEVE PRIME	449 THAMES ST. NEWPORT, RI 02840 USA
DIRECTOR	JEFF SHAW	686 CUSHING RD NEWPORT, RI 02840 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

REBECCA PIERCE 18 MARKET SQUARE NEWPORT , RI 02840

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 7 Day of February, 2019 at 12:48:08 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By HEATHER BRAGA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

