

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report	for t	he	year:
Non-Pr	ofit Cor	nora	tio	2

2019

FILE

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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1. Entity ID Number 30446	2. Exact name of the Corporation RHODE ISLAND LOBSTERMEN'S ASSOCIATION								
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island								
RHODE ISLAND	Organization of Rhode Island Lobsterman								
4. NAICS Code									
813312 - Environment, Cd ▼		_							
S. Principal Office Address			City	State	Zip				
3119 Post Road			Wakefield	RI	02879				
7. List ALL officers (names and add			Check the box to indicate an attachment						
President Name Gregory Mataronas			Vice-President Name Brian Thibeault						
Street Address 265 Long Highway			Street Address 40 Lakeside Drive						
City Little Compton	State RI	^{Zip} 02837	City Charlestown	Stale RI	^{Zip} 02813				
Secretary Name None			Treasurer Name Bill McElroy						
Street Address			Street Address 3229 Tower Hill Road						
City	State	Zip	City Wakefield	State RI	^{Zip} 02879				
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment									
Director Name Michael L. Marchetti			Director Name Gregory Mataronas						
Street Address 3119 Post Road			Street Address 265 Long Highway						
City Wakefield	State RI	^{Zip} 02879	City Little Compton	State RI	^{Zip} 02837				
Director Name Brian Thibeault	-		Director Name Aaron Gerwitz						
Street Address 40 Lakeside Drive			Street Address 351 Willard Avenue						
City Charlestown	State RI	^{Zip} 02813	City Wakefied	State RI	^{Zip} 02879				
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, duly Authorized Representative, Receiver or Trustee.									
Name of Officer/Authorized Representative ONIGON Name of Officer/Authorized Representative				Date (a) 1)	119				
Signature of Officer/Authorized Representative									

MAIL TO:

Division of Business Services

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

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

RHODE ISLAND LOBSTERMEN'S ASSOCIATION Corporate ID No. 30446

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7. Additional Directors:

Bill McElroy 3229 Tower Hill Road Wakefield, RI 02879

Russell E. Wallis 8 Walnut Road Barrington, RI 02806

Dennis K. Ingram 3 Lee Drive Warren, RI 02885

Kevin Sullivan 44 Francis Lane Little Compton, RI 02837

Robert Bradfield 38 Garfield Street Newport, RI 02840

Jeff Mulligan 10 Logan Street Warwick, RI 02889 **FILED**

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