



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

JUN 27 2019

STAMP

Annual Report for the year: 2019
 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.

RV 3505

1. Entity ID Number 001 66 3689		2. Exact name of the Corporation NORTH KINGSTOWN FISH ORGANIZATION, INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FREE TRANSPORT TO MEDICAL, DENTAL AND SOCIAL SERVICES APPTS. FOR THOSE WITHOUT MEANS OF TRANSPORTATION	
4. NAICS Code 624190			
6. Principal Office Address c/o Robert Vescovi, 180 Waterwheel Lane		City N. KINGSTOWN	State RI
		Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name KATHERINE ISENBERGH		Vice-President Name CLARE SETTLE (Deceased 6-1-2018)	
Street Address 11 B Caddy Rock Rd		Street Address 18 DAYTON COURT	
City N. KINGSTOWN	State RI	City N. KINGSTOWN	State RI
Zip 02852		Zip 02852	
Secretary Name SANDRA PORTER		Treasurer Name ROBERT VESCOVI	
Street Address 30 BROWNING DR.		Street Address 180 Waterwheel Lane	
City N. KINGSTOWN	State RI	City N. KINGSTOWN	State RI
Zip 02852		Zip 02852	
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 KATHERINE ISENBERGH		Director Name LAUREN BERGLUND	
Street Address 11 B Caddy Rock Rd.		Street Address 396 WICKHAM RD.	
City N. KINGSTOWN	State RI	City N. KINGSTOWN	State RI
Zip 02852		Zip 02852	
Director Name SANDRA PORTER		Director Name ROBERT VESCOVI	
Street Address 30 BROWNING DR.		Street Address 180 WATERWHEEL LANE	
City N. KINGSTOWN	State RI	City N. KINGSTOWN	State RI
Zip 02852		Zip 02852	
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 ROBERT VESCOVI, TREASURER			Date June 23, 2019
Signature of Officer/Authorized Representative <i>Robert Vescovi</i> SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov