



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

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.

FILED
 JUL 08 2019 *02*
 1231

1. Entity ID Number 108866		2. Exact name of the Corporation The Block Island Maritime Funding, Inc.					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fundraising activities promoting the education for children in marine sciences					
4. NAICS Code 813219 - Other Grantmaking							
6. Principal Office Address P.O. Box 95				City Newport	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Richard T. Harris				Vice-President Name Elizabeth Harris			
Street Address P.O. Box 95				Street Address P.O. Box 95			
City Newport	State RI	Zip 02840		City Newport	State RI	Zip 02840	
Secretary Name Linda Watts				Treasurer Name Susan Rhodes			
Street Address P.O. Box 95				Street Address P.O. Box 95			
City Newport	State RI	Zip 02840		City Newport	State RI	Zip 02840	
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 Richard T. Harris				Director Name Elizabeth Harris			
Street Address P.O. Box 95				Street Address P.O. Box 95			
City Newport	State RI	Zip 02840		City Newport	State RI	Zip 02840	
Director Name Linda Watts				Director Name			
Street Address P.O. Box 95				Street Address			
City Newport	State RI	Zip 02840		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 Richard T. Harris, President					Date 7/3/2019		
Signature of Officer/Authorized Representative <i>Richard T. Harris</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