

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
JUL 0 8 2019 52
1837

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.

Entity ID Number	2. Exact name of the Corporation					
108866	The Block Island Maritime Funding, Inc.					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Fundrasing activities promoting the education for children in marine sciences					
4. NAICS Code	1					
813219 - Other Grantmaking						
6. Principal Office Address	<u></u>		City	State	Zip	
P.O. Box 95			Newport	RI	02840	
7. List ALL officers (names and add	iresses)			Check the box to indicate	an attachment	
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	^{Ζiρ} 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						
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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Date						
Richard T. Harris, President				2019		
Signature of Officer/Authorized Representative 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