



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.

 RECEIVED  
 SECRETARY OF STATE  
 CORPORATE DIVISION

2019 JUL 23 PM 1:14

1. Entity ID Number <b>104841</b>		2. Exact name of the Corporation <b>The Ocean View Foundation, Inc.</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To advance environmental objectives through the operation of an environmental education center in the Town of New Shoreham</b>	
4. NAICS Code <b>813312 - Environment, Cons</b>			
6. Principal Office Address <b>85 Beach Street</b>		City <b>Westerly</b>	State <b>RI</b>
		Zip <b>02891</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Josephine Merck</b>		Vice-President Name <b>None</b>	
Street Address <b>P.O. Box 371</b>		Street Address	
City <b>Cos Cob</b>	State <b>CT</b>	Zip <b>06807</b>	
Secretary Name <b>Kimberly Gaffett</b>		Treasurer Name <b>Barbara Macmullan</b>	
Street Address <b>85 Beach Street</b>		Street Address <b>85 Beach Street</b>	
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least: <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Kimberly Gaffett</b>		Director Name <b>Barbara Macmullan</b>	
Street Address <b>85 Beach Street</b>		Street Address <b>85 Beach Street</b>	
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	
Director Name <b>Josephine Merck</b>		Director Name	
Street Address <b>P.O. Box 371</b>		Street Address	
City <b>Cos Cob</b>	State <b>CT</b>	Zip <b>06807</b>	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Malcolm Farmer II</b>			Date <b>July 22, 2019</b>
Signature of Officer/Authorized Representative 			<b>FILED</b>

JUL 23 2019

BY  309584