RI SOS Filing Number: 201907285510 Date: 7/23/2019 4:00:00 PM

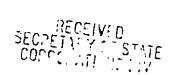
)	State of Depa	rtme	e Island nt of	d and Pro	ovidence Planta - Business	tions Services	Division
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Annual Report for the year: 2019 Non-Profit Corporation

→ friling per:od June 1 - June 30

→ Fiting Fee \$20,00

-> Penalty Additional \$25,00 fee if form is not filed by July 30.



2019 JUL 23 PM 1:14

Entity ID Number	2. Exact name of the Corporation								
104841	The Ocean View Foundation, Inc.								
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island								
Rhode Island	To advance environmental objectives through the operation of an environmental								
4 NAICS Code	education center in the Town of New Shoreham								
813312 - Environment, Cons									
6 Principal Office Address	<u>. </u>	 	City	State	Zip				
85 Beach Street			Westerly	RI	02891				
7 List ALL officers (names and add	resses)			Check the box to ind	cate an attachment				
President Name Josephine Mercl	(Vice-President Name None						
Street Address P.O. Box 371			Street Address						
City Cos Cob	State CT	^{Zip} 06807	City	State	Ζιρ				
Secretary Name Kimberly Gaffett			Treasurer Name Barbara Macmullan						
Street Address 85 Beach Street			Street Address 85 Beach Street						
^{City} Westerly	State RI	Zip 02891	^{City} Westerly	State RI	^{Zip} 02 891				
8. List AUL directors (names and ac	ldresses). RI Co	orporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment				
Director Name Kimberly Gaffe	ett		Director Name Barbara Macmullan						
Street Address 85 Beach Street			Street Address 85 Beach Street						
City Westerly	State RI	^{Ζιρ} 02891	^{C:ty} Westerly	State RI	^{Zip} 02891				
Director Name Josephine Merck		•	Director Name						
Street Address P.O. Box 371			Street Address						
Cny Cos Cob	State CT	Z ₁ ρ 06807	City	State	719				
9 Registered Agent in Rhode Islan	d. This informatic	n is currently of recor	rd in the Department of State, Chan	ges require filing Form 6	41.				
Under penalty of perjury, I declar statements, and that all statemen				ccompanying sched	ules and				
This report must be signed by either the Pres	ident, Vice-Presiden	it, Secretary, Assistant S	ecretary, Treasurer, duly Authonzed Rep	xesentative, Receiver or Tru	slee				
Name of Officer/Authorized Repres		Oate							
Malcolm Farmer II	<u> </u>			July 22, 2019					
Signature of Officer/Authorized Rep	resentative Ululer	Jan	FILED						

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

Website: www.sosiri.gov

JUL 2 3 2019