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

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SECRETARY OF STATE
CORPORATIONS DIVISION
2019 JUL 23 PM 1:14

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.

1 Entity ID Number	2. Exact name of the Corporation
104841	The Ocean View Foundation, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To advance environmental objectives through the operation of an environmental education center in the Town of New Shoreham
4 NAICS Code: 813312 - Environment, Cons	

6 Principal Office Address	City	State	Zip
85 Beach Street	Westerly	RI	02891

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Josephine Merck			Vice-President Name: None		
Street Address: P.O. Box 371			Street Address:		
City: Cos Cob	State: CT	Zip: 06807	City:	State:	Zip:
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: 02891

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Kimberly Gaffett			Director Name: Barbara Macmullan		
Street Address: 85 Beach Street			Street Address: 85 Beach Street		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891
Director Name: Josephine Merck			Director Name:		
Street Address: P.O. Box 371			Street Address:		
City: Cos Cob	State: CT	Zip: 06807	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

Name of Officer/Authorized Representative	Date
Malcolm Farmer II	July 22, 2019

Signature of Officer/Authorized Representative: Malcolm Farmer II

FILED
JUL 23 2019
BY 309584

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019