RI SOS Filing Number: 201928457550 Date: 11/29/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year:			

NOV 2 9 2019

Non-Profit Corporation

→ Filing penod: June 1 - June 30

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY_	1253
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1. Entity ID Number	2. Exact name of	the Corporation]		
0000 33 841	BLOCK IS LAND ECONOMIC DEVELOPMENT FOUNDATION, IND.						
State of Incorporation	Brief description of the character of business conducted in Rhode Island						
ŔI	IN PROVING THE ECONOCIC CONDITIONS OF BLOCK FREAD						
4. NAICS Code Bユイススタ	CHURSTELY DITTO 175 HISTORY AND ENVIRONMENT.						
6. Principal Office Address	· <u>-</u> -		City	State	Zip		
PO Box 619			BLOCK ISLAND	RS	02807		
7. List ALL officers (names and add	lresses)		Che	eck the box to indica	te an attachment		
President Name	PIERCE		Vice-President Name M 0 x1c p 1-W-L - SHEA				
Street Address Box 1237W EST SIDE	ROA O		Street Address WYLL LAWE				
Chy BLOCK IS LAND	State RI	Zip 02807	Chy BLUCK ISLAND	State ドゴ	Zip 92807		
Secretary Name REBECCA	BROWN	• • • • • • • • • • • • • • • • • • • •	Treasurer Name				
Street Address 32 T WATER STREET			Street Address				
City BLOX ISLAND	State	Zip 02 % 7	City	State	Zip		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name ROB GETA Mc CORMICK			Director Name GAIL PIERCE				
Street Address BOX 572, CENTER ROAP			Street Address BOX 1237, WEST SIDE ROAD				
City BLOCK ISLAND			City BLOCK ISLAND	State	Zip 02807		
Director Name TENNIFER LEE TANBMAN Director Name AMEDEO MOLFES I							
Street Address BOX 277, OFF CORN NECK ROAD City BLOCK ISLAND StateRI ZIB 2807			Street Address Box 1021, WEST SIDE ROAD				
City Block Islands	State	Zip 2807	City BLOSK TRANS	State RI	ZIP 02807		
9. Registered Agent in Rhode Islan	id. This information i	s currently of record	I in the Department of State, Changes re	quire filing Form 64	1.		
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							
Ellist Taubman, Esq. 11/26/2019							
Signature of Officer/Authorized Representative SIGN DOCUMENT MERE							

148 W. River Street, Providence, Rhode Island 02904-2615

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