



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 130752		2. Name of Corporation East Farm Commercial Fisheries Center			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address URI - East Farm Campus: Bldg. 59		City Kingston	Zip 02881
5. Foreign corporation: Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO COOPERATE WITH FEDERAL AND STATE AGENCIES AS WELL AS EDUCATIONAL INSTITUTIONS TO ENHANCE AND PROMOTE THE FISHERIES IN THE STATE OF RHODE ISLAND					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christopher Brown			Vice President Name Daniel Rory Orchard		
Street Address 35 Erica Court			Street Address 187 James Trail		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23					
Director Name Christopher Brown			Director Name Russell Wallis		
Street Address 35 Erica Court			Street Address 9 Walnut Road		
City West Kingston	State RI	Zip 02892	City Barrington	State RI	Zip 02806
Director Name Micheal McGiveney			Director Name Daniel Rory Orchard		
Street Address 62 East Shore Road			Street Address 187 James Trail		
City Coventry	State RI	Zip 02816	City West Kingston	State RI	Zip 02892
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Daniel Rory Orchard			Address		
Address 187 James Trail			City West Kingston	Zip 02892	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 0 7 5 2

130752 DNP 03/19/04 12:07:24 PM

File Date 10/26/05

Check No. 103

By: _____

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.

Daniel Orchard 10/25/05
Signature of Officer Date
DANIEL ORCHARD
Print or Type Name of Officer



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President Name Christopher Brown		Vice President Name Daniel Rory Orchard			
Street Address 35 Erica Court		Street Address 187 James Trail			
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (R.I.G.L. 7-6-2)					
Director Name Christopher Brown		Director Name Russell Wallis			
Street Address 35 Erica Court		Street Address 9 Walnut Road			
City West Kingston	State RI	Zip 02892	City Barrington	State RI	Zip 02806
Director Name Micheal McGiveney		Director Name Daniel Rory Orchard			
Street Address 62 East Shore Road		Street Address 187 James Trail			
City Coventry	State RI	Zip 02816	City West Kingston	State RI	Zip 02892
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Ralph Baragone		Address			
Address 5000 ASark Conroy Trail		City Charlestown	Zip 02813		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

File Date
JUL 14 2004

Check No.
By 437798

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer
Daniel Orchard
Date
6/28/04
Print or Type Name of Officer
Daniel Orchard
Title of Officer
Vice President

To be included with Annual Report for the year 2003.

Additional Directors for the East Farm Commercial Fisheries Center:

~~130752~~

Jim O'Grady
288 Blackberry Hill Road
Wakefield, RI 02879

Signed:

Daniel Orchard 6/28/04
Daniel Orchard