State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

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.

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BUS SVCS DIV
2021 JUN -7 P 3:00

1. Entity ID Number	2. Exact name of the Corporation
000796215	The Nautilus Funds
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Provide small grants to local 501(C3) organizations from a family non profit charity
4. NAICS Code: 813219	

6. Principal Office Address	City	State	Zip
88 Homewood Avenue	North Providence	RI	02911

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

President Name	Street Address	City	State	Zip
Edward C. Pearl	88 Homewood Avenue	North Providence	RI	02911

Vice-President Name	Street Address	City	State	Zip
William J. Pearl	217 Star Lane	Glen Carbon	Illinois	62034

Secretary Name	Street Address	City	State	Zip
Jeanne A. Pearl-Macklem	7616 North Sherman Boulevard	Brown Deer	WI	53209

Treasurer Name	Street Address	City	State	Zip
Joseph P. Pearl	10 Pleasant View Drive	North Providence	RI	02904

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

Director Name	Street Address	City	State	Zip
Edward C. Pearl	88 Homewood Avenue	North Providence	RI	02911

Director Name	Street Address	City	State	Zip
William J. Pearl	217 Star Lane	Glen Carbon	Illinois	62034

Director Name	Street Address	City	State	Zip
Jeanne A. Pearl-Macklem	7616 North Sherman Boulevard	Brown Deer	WI	53209

Director Name	Street Address	City	State	Zip
Joseph P. Pearl	10 Pleasant View Drive	North Providence	RI	02904

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
Edward C. Pearl	June 7, 2021

Signature of Officer/Authorized Representative: Edward C. Pearl

FILED
JUN 07 2021
BY CLAM285

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

FORM 631 - Revised: 06/2017