



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 001713091

**2. Name of Corporation** Protect Conanicut Coastline, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 1026 EAST SHORE ROAD

City or Town: JAMESTOWN

State: RI

Zip: 02835

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO PROTECT AND PRESERVE THE UNIQUE AND SPECTACULAR COASTLINE OF CONANICUT ISLAND FOR CURRENT AND FUTURE GENERATIONS, IN ACCORDANCE WITH THE JAMESTOWN COMPREHENSIVE COMMUNITY PLAN; TO ACT AS AN ADVOCATE TO ENSURE THAT ECOLOGICAL SYSTEMS ARE SAFEGUARDED AND THAT COASTAL WATERS ARE SWIMMABLE, FISHABLE AND ACCESSIBLE; AND TO ENGAGE AND INFORM THE

**COMMUNITY**  
**REGARDING THIS ENVIRONMENTAL TREASURE AND PROMOTE A SAFE AND**  
**SUSTAINABLE**  
**BALANCE AMONG ALL USERS OF OUR ISLAND'S COASTAL RESOURCES.**

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	WILLIAM R. LANDRY	30 EXCHANGE TERRACE PROVIDENCE, RI 02903 USA
DIRECTOR	STUART C. ROSS	1026 EAST SHORE RD. JAMESTOWN, RI 02835 USA
DIRECTOR	CLAY BODEN	71 HOWLAND AVE. JAMESTOWN, RI 02835 USA
DIRECTOR	WENDY F. ROSS	1026 EAST SHORE RD. JAMESTOWN, RI 02835 USA
DIRECTOR	ANNE W. GARNETT	46 COLE STREET JAMESTOWN, RI 02835 USA
DIRECTOR	PEBBLES WADSWORTH	1093 EAST SHORE RD. JAMESTOWN, RI 02835 USA
DIRECTOR	CHRISTIAN SMITH	1093 EAST SHORE RD. JAMESTOWN, RI 02835 USA
DIRECTOR	CHAD GEORGE	215 WALCOTT ST. JAMESTOWN, RI 02835 USA
DIRECTOR	NANCY GEORGE	215 WALCOTT ST. JAMESTOWN, RI 02835 USA
DIRECTOR	WILLIAM HUTCHINSON	79 HAMILTON AVE. JAMESTOWN, RI 02835 USA
DIRECTOR	SUMA MAFFEI PLOWDEN	45 CALVERT PLACE JAMESTOWN, RI 02835 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

WILLIAM R. LANDRY 30 EXCHANGE TERRACE PROVIDENCE , RI 02903

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 14 Day of June, 2021 at 3:15:55 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By WILLIAM R. LANDRY  
 Signature of Authorized Person

Form No. 631  
Revised 09/07

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