



State of Rhode Island
Department of State - Business Services Division

JUN 14 2021
 SY. 1096

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.

1. Entity ID Number 31220		2. Exact name of the Corporation Shelter Harbor Conservation Society, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Education and conservation of land and salt ponds			
4. NAICS Code 924120					
6. Principal Office Address 16 Handel Road			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Michael VanVranken			Vice-President Name Joseph Picano		
Street Address 16 Longview Rd			Street Address 39 Wagner Rd		
City S Salem	State NY	Zip 10590	City Westerly	State RI	Zip 02891
Secretary Name Glen Berwick			Treasurer Name Barbara Leadbetter		
Street Address 13 Brahams Rd			Street Address 16 Handel Rd		
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 <input type="checkbox"/>					
Director Name Mark Kane			Director Name Michael McEntee		
Street Address 21 Stone Ridge Rd			Street Address 46 Wagner Rd		
City N. Attleboro	State MA	Zip 02760	City Westerly	State RI	Zip 02891
Director Name Stephen Miller			Director Name Dorothy Bruno		
Street Address 61 Pioneer Dr.			Street Address 23 Gounod Rd		
City W Hartford	State CT	Zip 06117	City Westerly	State RI	Zip 02891
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Barbara B. Leadbetter					Date 6/10/2021
Signature of Officer/Authorized Representative 					

ROLAND HELLWIG
95 CHURCH ST
BRADFORD RI 02808

GAIL MALLARD
2 SCHUMANN RD
WESTERLY RI 02891

ALICIA MURRAY
52 VERDI RD
WESTERLY RI 02891