



**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. 000869917

2. Name of Corporation International Association of Antarctica Tour Operators

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



562907

4. Principal Office Address

No. and Street: 50 SOUTH COUNTY COMMONS WAY
UNIT E 5-B

City or Town: SOUTH KINGSTOWN

State: RI Zip: 02879 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 ADVOCATE AND PROMOTE THE PRACTICE OF SAFE AND ENVIRONMENTALLY RESPONSIBLE TRAVEL TO THE ANTARCTIC. TO OPERATE WITHIN THE PARAMETERS OF THE ANTARCTIC TREATY SYSTEM, INCLUDING THE ANTARCTIC TREATY AND SIMILAR INTERNATIONAL AND NATIONAL LAWS AND AGREEMENTS.

INTERNATIONAL ASSOCIATION OF ANTARCTICA TOUR OPERATORS (THE CORPORATION) IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE

PURPOSES WITHIN THE MEANING OF SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE CODE) OR TO ANY CORRESPONDING PROVISION OF ANY FUTURE FEDERAL TAX LAW.

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	JANEEN M HAASE	730 CONGDON HILL ROAD SAUNDERSTOWN, RI 02874 USA
DIRECTOR	ROBIN WEST	MARSSEN UTRECHT, NLD
DIRECTOR	ROBYN WOODHEAD	45 CAMPDEN HILL GATE DUCHESS OF BEDFORD WALK LONDON, RI W8 7QJ UK
DIRECTOR	ROB MCCALLUM	1614 E. MARION ST SEATTLE, WA 98122 USA
DIRECTOR	TUDOR MORGAN	ST JOHN'S, GLENDOWER ST MONMOUTH, NP25 3DG UK

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

JANEEN M. HAASE 50 SOUTH COUNTY COMMONS WAY UNIT E 5B SOUTH KINGSTOWN , RI
02879

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

Signed this 16 Day of June, 2021 at 10:37:15 AM 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 JANEEN HAASE
Signature of Authorized Person

Form No. 631
Revised 09/07