



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation

JUN 17 2021 R

3054

- 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 001663689		2. Exact name of the Corporation NORTH KINGSTOWN FISH ORGANIZATION, INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FREE TRANSPORT TO MEDICAL, DENTAL AND SOCIAL SERVICES APPTS. FOR THOSE WITHOUT MEANS OF TRANSPORTATION.	
4. NAICS Code 624190			
6. Principal Office Address C/O Robert Vescovi, 180 Waterwheel Ln.		City N. Kingstown	State RI
		Zip 02852	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name KATHERINE ISENBERGH		Vice-President Name CURRENTLY VACANT	
Street Address 113 CADDY ROCK RD		Street Address /	
City N. Kingstown	State RI	Zip 02852	City /
Secretary Name SANDRA PORTER		Treasurer Name ROBERT VESCOVI	
Street Address 30 BROWNING RD.		Street Address 180 WATERWHEEL LANE	
City N. KINGSTOWN	State RI	Zip 02852	City N. Kingstown
		State RI	Zip 02852
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 KATHERINE ISENBERGH		Director Name LAUREEN BERGLUND	
Street Address 113 CADDY ROCK RD		Street Address 396 WICKHAM RD	
City N. KINGSTOWN	State RI	Zip 02852	City N. KINGSTOWN
		State RI	Zip 02852
Director Name SANDRA PORTER		Director Name ROBERT VESCOVI	
Street Address 30 BROWNING RD		Street Address 180 WATERWHEEL LANE	
City N. KINGSTOWN	State RI	Zip 02852	City N. KINGSTOWN
		State RI	Zip 02852
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Robert Vescovi, Treasurer			Date 6/14/2021
Signature of Officer/Authorized Representative <i>Robert Vescovi</i>			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov