



State of Rhode Island

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.

FILED

JUL 21 2021 STAMP

BY

352 DS

1. Entity ID Number 143245		2. Exact name of the Corporation THE MRE FOUNDATION, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Publish scientific articles and papers regarding the global marine environment.			
4. NAICS Code 611310 - Colleges, Universities ☐					
6. Principal Office Address One Greenhouse Rd., University of Rhode Island			City Kingston		State RI
			Zip 02881		
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Christopher Anderson			Vice-President Name Daniel Holland		
Street Address 5733 38th Ave., NE			Street Address 4208 NE 74th St.		
City Seattle	State WA	Zip 98105	City Seattle	State WA	Zip 98115
Secretary Name Doug Lipton			Treasurer Name Hirotsugu Uchida		
Street Address 316 Kimblewick Dr.			Street Address 25 Bow and Arrow Trail - South		
City Silver Spring	State MD	Zip 20904	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name Christopher Anderson			Director Name Daniel Holland		
Street Address 5733 38th Ave., NE			Street Address 4208 NE 74th St.		
City Seattle	State WA	Zip 98105	City Seattle	State WA	Zip 98115
Director Name Doug Lipton			Director Name Hirotsugu Uchida		
Street Address 316 Kimblewick Dr.			Street Address 25 Bow and Arrow Trail - South		
City Silver Spring	State MD	Zip 20904	City Wakefield	State RI	Zip 02879
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.					
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 Barbara S. Gronstrom-Smith				Date 7/14/2021	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MRE FOUNDATION, INC: ADDITIONAL DIRECTOR

Dr. Frank Asche
School of Forest Resources and Conservation
PO Box 110570
University of Florida
Gainesville, FL 32611-0507

FILED

JUL 21 2021

BY _____

[Handwritten signature]