



**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. 001018656

2. Name of Corporation RI Marine Animal Support, 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: 314 SNUFF MILL ROAD
City or Town: SAUNDERSTOWN State: RI Zip: 02874 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

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: ENDANGERED MARINE ANIMAL PROTECTION, INCLUDING RESCUE OPERATIONS SUPPORT, AND DETECTION/

REPORTING ON LOCATION OF ENDANGERED MARINE ANIMALS, PRIMARILY NORTH ATLANTIC RIGHT WHALES.

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
PRESIDENT	JON LANG	314 SNUFF MILL RD. SAUNDERSTOWN, RI 02874 USA
TREASURER	JON LANG	314 SNUFF MILL RD. SAUNDERSTOWN, RI 02874 USA
SECRETARY	NICOTIANA GOLDSTEIN	2435 HILGARD AVE. BERKELEY, CA 94709 USA
VICE PRESIDENT	AVRUM GOLDSTEIN	4539 RISING HILL RD. ALTADENA, CA 91001 USA
DIRECTOR	JON LANG	314 SNUFF MILL RD. SAUNDERSTOWN, RI 02874 USA
DIRECTOR	NICOTIANA GOLDSTEIN	2435 HILGARD AVE. BERKELEY, CA 94709 USA
DIRECTOR	AVRUM GOLDSTEIN	4539 RISING HILL RD. ALTADENA, CA 91001 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**

JON LANG 314 SNUFF MILL ROAD SAUNDERSTOWN , RI 02874

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

Signed this 6 Day of August, 2021 at 9:47:54 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 JON LANG
Signature of Authorized Person

Form No. 631
Revised 09/07