

**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: February 1 - May 1

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: 2022**1. Corporate ID No.** 001688533**2. Name of Corporation** Atlantic Shark Institute, 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

999999**4. Principal Office Address**No. and Street: 9 MAUDE AVENUECity or Town: COVENTRYState: RIZip: 02816Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO CONDUCT RESEARCH AND STUDIES ON ALL SPECIES OF SHARKS AND ANY
OTHER LAWFUL PURPOSE**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
DIRECTOR	JON F. DODD	61 INKBERRY DRIVE SOUTH KINGSTOWN, RI 02879 USA

DIRECTOR	JOSE L. ROMEIRO	9 MAUDE AVENUE COVENTRY, RI 02816 USA
DIRECTOR	PAUL N LAPROCINA JR.	102 HARTFORD AVE SOUTH KINGSTOWN, RI 02879 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

MICHAEL J. LEPIZZERA, JR., ESQ. 117 METRO CENTER BOULEVARD SUITE 2001 WARWICK , RI 02886

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

Signed this 20 Day of January, 2022 at 2:53:04 PM 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 F. DODD
Signature of Authorized Person

Form No. 631
Revised 09/07

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