



Department of State - Business Services Division

FILED

FEB 07 2023

BY 1326
[Signature]

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000009333</u>		2. Exact name of the Corporation <u>THE COMMITTEE FOR THE GREAT SALT POND</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO PROVIDE FOR THE PRESERVATION OF THE NATURAL RESOURCES OF THE GREAT SALT POND AREA LOCATED ON BLOCK ISLAND.</u>			
4. NAICS Code <u>813312</u>					
6. Principal Office Address <u>P.O. Box 1092</u>		City <u>BLOCK ISLAND</u>		State <u>RI</u>	Zip <u>02807</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>CHERYL MOORE</u>			Vice-President Name <u>CINDY PAPPAS</u>		
Street Address <u>7320 LONGVIEW DR.</u>			Street Address <u>P.O. Box 1454</u>		
City <u>RICHMOND</u>	State <u>VA</u>	Zip <u>23225</u>	City <u>BLOCK ISLAND</u>	State <u>RI</u>	Zip <u>02807</u>
Secretary Name <u>TRUDY OTOOLE</u>			Treasurer Name <u>ED HAYDE</u>		
Street Address <u>P.O. Box D</u>			Street Address <u>P.O. Box 338</u>		
City <u>SANTA FE</u>	State <u>NM</u>	Zip <u>87504</u>	City <u>BLOCK ISLAND</u>	State <u>RI</u>	Zip <u>02807</u>
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 <u>SVEN RISON</u>			Director Name <u>HENRY DUPONT</u>		
Street Address <u>P.O. Box 1382</u>			Street Address <u>P.O. Box 457</u>		
City <u>BLOCK ISLAND</u>	State <u>RI</u>	Zip <u>02807</u>	City <u>BLOCK ISLAND</u>	State <u>RI</u>	Zip <u>02807</u>
Director Name <u>BOB GREENLEE</u>			Director Name <u>BRUCE JOHNSON</u>		
Street Address <u>P.O. Box 846</u>			Street Address <u>P.O. Box 136</u>		
City <u>BLOCK ISLAND</u>	State <u>RI</u>	Zip <u>02807</u>	City <u>BLOCK ISLAND</u>	State <u>RI</u>	Zip <u>02807</u>
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>ED HAYDE</u>				Date <u>2/6/23</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>					