



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 MAY 22 P 1:38

- 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>001742291</u>		2. Exact name of the Corporation <u>RHODE ISLAND SHELLFISHERMANS ALLIANCE</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>SHELLFISHERMANS ORGANIZATION TO SUPPORT + IMPROVE SHELL FISHING IN RI</u>			
4. NAICS Code <u>115210</u>					
6. Principal Office Address <u>598 WARWICK NECK AVE</u>			City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>MARK M JOHNSON</u>			Vice-President Name <u>ROBERT JACKSON JR</u>		
Street Address <u>598 WARWICK NECK AVE</u>			Street Address		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>SMITHFIELD</u>	State <u>RI</u>	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>ANTHONY DELLA SELVA</u>			Director Name <u>MARK M JOHNSON</u>		
Street Address <u>144 SUMMIT DR</u>			Street Address <u>598 WARWICK NECK AVE</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>
Director Name <u>ROBERT JACKSON JR</u>			Director Name		
Street Address <u>598 WARWICK NECK AVE</u>			Street Address		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>	City	State	Zip
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>MARK M JOHNSON</u>					Date <u>5/22/23</u>
Signature of Officer/Authorized Representative					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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