



State of Rhode Island
Department of State - Business Services Division

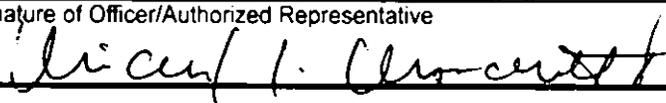
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Annual Report for the year: 2023
 Non-Profit Corporation

- 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 504852		2. Exact name of the Corporation Eastern New England Scallop Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To represent scallop fishermen from Eastern New England at various regulatory boards and related activities			
4. NAICS Code 813910 - Business Associations					
6. Principal Office Address 65 Boston Neck Road		City North Kingstown	State RI	Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael L. Marchetti		Vice-President Name Gary Hatch			
Street Address 3119 Post Road		Street Address 6 Town Clerk Road			
City Wakefield	State RI	Zip 02879	City Owls Head	State ME	Zip 04584
Secretary Name Joseph Baker		Treasurer Name Peter Spong			
Street Address 14 Lakeside Drive		Street Address 208 Church Street			
City Charlestown	State RI	Zip 02813	City Bradford	State RI	Zip 02808
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 Michael L. Marchetti		Director Name John Fish			
Street Address 3119 Post Road		Street Address 47 Stanton Avenue			
City Wakefield	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
Director Name Joseph Baker		Director Name Gary Hatch			
Street Address 14 Lakeside Drive		Street Address 6 Town Clerk Road			
City Charlestown	State RI	Zip 02813	City Owls Head	State ME	Zip 04584
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 Michael L. Marchetti				Date July 14, 2023	
Signature of Officer/Authorized Representative 					

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