



**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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001757672

2. Name of Corporation Ocean State RCV

3. State of Incorporation

State: RI

NAICS CODE

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

813410

4. Principal Office Address

No. and Street: 22 BURNSIDE AVENUE

City or Town: NEWPORT

State: RI

Zip: 02840

Country: US

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

EXCLUSIVELY FOR CHARITABLE AND/OR EDUCATIONAL PURPOSES, PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (OR THE CORRESPONDING SECTION(S) OF ANY FUTURE TAX CODE), TO EDUCATE THE PUBLIC ABOUT INNOVATIVE SYSTEMS TO IMPROVE DEMOCRACY, SUCH AS RANKED-CHOICE VOTING, BY PROVIDING SUFFICIENTLY

FULL AND FAIR EXPOSITIONS OF PERTINENT FACTS TO PERMIT INDIVIDUALS AND THE PUBLIC TO FORM INDEPENDENT OPINIONS OR CONCLUSIONS ABOUT THE MERITS OF SUCH SYSTEMS.

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	MICHAEL GARMAN	22 BURNSIDE AVENUE NEWPORT, RI 02840 USA
DIRECTOR	LEAH CREIGLOW	415 NARRAGANSETT PKWY WARWICK, RI 02888 USA
DIRECTOR	TONY C JONES	45 WATSON AVENUE NARRAGANSETT, RI 02882 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 GARMAN 22 BURNSIDE AVENUE NEWPORT , RI 02840

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

Signed this 5 Day of February, 2024 at 3:58:09 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 MICHAEL J GARMAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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