



State of Rhode Island
Department of State - Business Services Division

FILED STAMP

Annual Report for the year: 2024

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.

MAR 15 2024
BY Yalls

1. Entity ID Number 001735522		2. Exact name of the Corporation Lime Rock Foundation, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RESTORING, MAINTAINING AND PRESERVING THE HISTORICALLY AND ARCHITECTURALLY SIGNIFICANT BUILDINGS AND SUPPORTING MARINE ELEMENTS			
4. NAICS Code 813990					
6. Principal Office Address 122 Touro Street			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard N. Bohan, Jr.			Vice-President Name ALICE SKEERIN		
Street Address 137 Coggeshall Ave			Street Address 11 FRANCIS ST.		
City Newport	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name SAME AS V.P.			Treasurer Name GUILLAUME DE RAMEL		
Street Address			Street Address 58 PERRY ST		
City	State	Zip	City NEWPORT	State RI	Zip 02840
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 ROBBIE BENJAMIN			Director Name TIM BURNS		
Street Address PO BOX 314			Street Address 25 COTTONTAIL DRIVE		
City WARREN	State RI	Zip 02885	City PORTSMOUTH	State RI	Zip 02871
Director Name JENNIFER CARNEY			Director Name TRISTAN MOULIGNE		
Street Address 221 CARRIAGE DRIVE			Street Address 87 HARGRAVES DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative RICHARD N. BOHAN JR					Date 3/15/24
Signature of Officer/Authorized Representative 					

MAIL TO:
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