



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

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------|----------------|
| 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 3/5/24 |
| Signature of Officer/Authorized Representative | | | | | |

MAIL TO:
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