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. 001727705

2. Name of Corporation The Commercial Fisheries Center of Rhode Island, Inc.

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
541715

4. Principal Office Address

No. and Street: PO BOX 5161
BUILDING #61B
City or Town: WAKEFIELD State: RI Zip: 02880 Country: USA

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

TO COOPERATE WITH FEDERAL AND STATE AGENCIES AS WELL AS EDUCATIONAL INSTITUTIONS TO ENHANCE AND PROMOTE THE FISHERIES INDUSTRY IN THE STATE OF RHODE ISLAND. SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR

CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

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
PRESIDENT	CHRISTOPHER BROWN	290 COLUMBIA STREET WAKEFIELD, RI 02879 USA
TREASURER	MICHAEL MARCHETTI	3119 POST ROAD WAKEFIELD, RI 02879 USA
SECRETARY	BRIAN THIBEAULT	3140 SOUTH COUNTY TRAIL WEST KINGSTON, RI 02892 USA
SECRETARY	BRIAN THIBEAULT	3140 SOUTH COUNTY TRAIL WEST KINGSTON, RI 02892 USA
VICE PRESIDENT	GREG MATARONAS	265 LONG HIGHWAY LITTLE COMPTON, RI 02837 USA
DIRECTOR	MICHAEL MARCHETTI	3119 POST ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	RICHARD BELLEVANCE	140 JERRY LANE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	MICHAEL MCGIVNEY	62 EAST SHORE ROAD COVENTRY, RI 02816 USA
DIRECTOR	TODD SUTTON	38 FENNER AVENUE NEWPORT, RI 02840 USA
DIRECTOR	GREGORY MATARONAS	265 LONG HIGHWAY LITTLE COMPTON, RI 02837 USA
DIRECTOR	LANNY DELLINGER	160 SNUFF MILL ROAD SAUNDERSTOWN, RI 02874 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

ROBERT J. DONNELLY 133 OLD TOWER HILL ROAD WAKEFIELD , RI 02879

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

Signed this 30 Day of April, 2024 at 4:28:33 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 SHAYELAGH ROONEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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