



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 22 2024

BY 10866
[Signature]

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.

1. Entity ID Number 108866		2. Exact name of the Corporation THE BLOCK ISLAND MARITIME FUNDING, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Fundraising activities through boat donations promoting education for youth in Marine Sciences			
4. NAICS Code 813219					
6. Principal Office Address P.O. BOX 95			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 T. HARRIS			Vice-President Name NONE		
Street Address P.O. BOX 95			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name LINDA G. HARRIS			Treasurer Name RICHARD T. HARRIS		
Street Address P.O. BOX 5338			Street Address P.O. BOX 95		
City WAKEFIELD	State RI	Zip 02840	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 RICHARD T. HARRIS			Director Name ANITA DeVITO		
Street Address P.O. BOX 95			Street Address P.O. BOX 95		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name LINDA G. HARRIS			Director Name NONE		
Street Address 5 CAMDEN CT			Street Address		
City WAKEFIELD	State RI	Zip 02840	City	State	Zip
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 LINDA G. HARRIS				Date 5/17/2024	
Signature of Officer/Authorized Representative <i>Linda G. Harris, DIRECTOR</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov