



State of Rhode Island
Department of State - Business Services Division

REC'D RRDOS BSD
24 JUL 30 PM 12:21:25

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 000074750		2. Exact name of the Corporation Mariners Memorial Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island CONSTRUCT AN APPROVED MONUMENT AND SET UP A SCHOLARSHIP FUND			
4. NAICS Code 813211					
6. Principal Office Address 20 Chartier Circle			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 Jerome R. Kirby, III			Vice-President Name		
Street Address 20 Chartier Circle			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Jerome R. Kirby, III			Director Name James A. Hilton, Sr.		
Street Address 20 Chartier Circle			Street Address 99 Peaceful Way 02878		
City Newport	State RI	Zip 02840	City Tiverton	State RI	Zip 02010
Director Name Stephen J. Mey			Director Name		
Street Address 134 Coggeshall Avenue			Street Address		
City Newport	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 Jerome R. Kirby, III					Date 7/25/24
Signature of Officer/Authorized Representative 					

FILED

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

JUL 30 2024
 BY **DXAWS** **AA**
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 FORM 631 - Revised: 12/2023