



**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 2025: 2025

1. Corporate ID No. 000046221

2. Name of Corporation SALT PONDS COALITION, 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

813312

4. Principal Office Address

No. and Street: 89 NOYES NECK ROAD
MARSHALL MUGGE

City or Town: WESTERLY State: RI Zip: 02891 Country: USA

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

EDUCATION OF THE GENERAL PUBLIC ON ISSUES CONCERNING THE
ENVIRONMENT OF COASTAL SALT PONDS IN RHODE ISLAND

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	ARTHUR GANZ	281 BEACH ROAD CHARLESTOWN, RI 02813 USA
TREASURER	MARSHALL MUGGE	89 NOYES NECK RD WESTERLY, RI 02891 USA
SECRETARY	ANN WHALEY-TOBIN	438 ATLANTIC AVE WESTERLY, RI 02891 USA
VICE PRESIDENT	RICHARD SARTOR	25 WELLS LANE CHARLESTOWN, RI 02813 USA
DIRECTOR	SUSAN CARR-SPARKMAN	20 ETHEL ACRES LISBON, CT 06351 USA
DIRECTOR	TED SEE	116 SHIRLEY DRIVE CHARLESTOWN, RI 02813 USA
DIRECTOR	JOHN CRANDALL	5790A POST ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	ANN MANION	87 BAYBERRY AVE SO. KINGSTOWN, RI 02879 USA
DIRECTOR	LEO MAINELLI	151 SUNSET DRIVE CHARLESTOWN, RI 02813 USA
DIRECTOR	TONY BRUNETTI	153 CEDAR ISLAND RD. NARRAGANSETT, RI 02882 USA
DIRECTOR	CHRIS RANDALL	8 WAXCADOWA AVE. WESTERLY, RI 02891 USA
DIRECTOR	SHEILA ANDREW	208 SEA BREEZE DRIVE CHARLESTON, RI 02813 USA
DIRECTOR	TIM KENEFICK	102 HOXIE AVENUE CHARLESTON, RI 02813 USA
DIRECTOR	JULIA MURPHY	79 POWAGET AVE CHARLESTON, RI 02813 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

MARSHALL MUGGE 89 NOYES NECK ROAD WESTERLY , RI 02891

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

Signed this 5 Day of February, 2025 at 2:11:55 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 MARSHALL MUGGE
Signature of Authorized Person

Form No. 631
Revised 09/07

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