



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

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.

FILED

APR 22 2025

BY

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 449 THAMES STREET, STE. 300A		City NEWPORT		State RI	Zip 02840
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name RICHARD T. HARRIS			Vice-President Name NONE		
Street Address 449 THAMES STREET, STE. 300A			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name LINDA G. HARRIS			Treasurer Name RICHARD T. HARRIS		
Street Address 449 THAMES STREET, STE.300A			Street Address 449 THAMES STREET, STE.300A		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name RICHARD T. HARRIS			Director Name JOHN BRAD PEASE		
Street Address 449 THAMES STREET, STE.300A			Street Address 449 THAMES STREET, STE.300A		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name LINDA G. HARRIS			Director Name		
Street Address 449 THAMES STREET, STE.300A			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.					
<b>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.</b>					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative <b>Linda G. Harris</b>				Date <b>04/17/2025</b>	
Signature of Officer/Authorized Representative <i>Linda G. Harris</i>					

MAIL TO:

Division of Business Services

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