



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.

1. Corporate ID No. 29203		2. Name of Corporation SOCIETY OF SOIL SCIENTISTS OF SOUTHERN NEW ENGLAND			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 188 Old Mountain Trail		City West Kingston	Zip 02892
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TECHNICAL MEETING, BOARD MEETINGS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mark Stolt			Vice President Name Donald Parizek		
Street Address 112 Kingston Coastal Institute			Street Address 70 Trask Road		
City Kingston	State RI	Zip 02881	City Wilmington Wilmington	State CT	Zip 06279
Secretary Name James Turenne			Treasurer Name Rob Tunstead		
Street Address 35 Buoy Street			Street Address 13 Edmond Lane		
City Jamestown	State RI	Zip 02835	City Tiverton	State RI	Zip 02978
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name (Same as officer's above) Mark Stolt			Director Name Donald Parizek		
Street Address 112 Kingston Coastal Institute			Street Address 70 Trask Road		
City Kingston	State RI	Zip 02881	City Wilmington	State CT	Zip 06279
Director Name James Turenne			Director Name Rob Tunstead		
Street Address 35 Buoy Street			Street Address 13 Edmond Lane		
City Jamestown	State RI	Zip 02835	City Tiverton	State RI	Zip 02878
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name JAMES D. TURENNE			Address		
Address 35 BUOY STREET			City JAMESTOWN	Zip 02835-	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



29203

FILED	
File Date	AUG 27 2007
Check No.	By 123 p 127
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Rob Tunstead
Signature of Officer _____ Date _____

Rob Tunstead
Print or Type Name of Officer _____

Treasurer
Title of Officer _____