

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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 falling or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

to a penumy fee of \$25.00.	۹					
1. Corporate ID No.	2. Name of Corporation					
30001	Conanicut Island Land Trust Corporation					
3. State of Incorporation	1 '	4. Corporate address in Rhode Island - Street Address City			Zip	
RHODE ISLAND	P.O. BOX 106			JAMESTOWN	02835	
5. Foreign corporation. Enter p	rincipal office addre:	88	City	State	Zip	
6. Brief Description of the charact	ter of the affairs whic	b are actually conducted in Rh	oode Island			
Preserving natural resour	ces and educati	ng				
7. NAMES AND ADDRESS	SES OF THE OFF	ICERS: ("X" BOX FOR A)	TACHMENT) 🔲 FILL IN SPAC	ES BEFORE USING ATTAC	HMENTS	
President Name			Vice President Name			
Quentin Anthony			Craig Amerigian			
Street Address			Street Address			
105 Bay View Drive			194 Narragansett A	1,000	•	
Chy	State	Zip	City	State	Zip	
Jamestown	RI	02835S	JAMESTOWN	RI	02835S	
Secretary Name	•		Treasurer Name			
Arthur Clarke, III	·		Craig Amerigian			
Street Address PO Box 413			Street Address 194 Narragansett Ave			
City	State	Zip	City	State	Zip	
Jamestown	RI	028358	JAMESTOWN	l RI	02835S	
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Language Community of the Community of t		and the second of the second o	ND) CORPORATION SHALL N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24 (4 k )	
Director Name			Craig Americian			
Quentin Anthony	ntin Anthony		Craig Amerigian			
Street Address			Street Address			
105 Bay View Drive	i Bay View Drive		194 Narragansett Ave			
Сіцу	State	Zip	City	State	Lan EZII	
Jamestown	RI	02835S	JAMESTOWN	RI	<b>.0</b> 2835S ≤	
Director Name			Director Name			
Arthur Clarke, III			Mary Webster			
Street Address			Street Address			
PO Box 413			8 Mt. Hope Ave			
City	State	Zip	Güy	State	Zip	
Jamestown	RI	028358	Jamestown	RI	02835S	
9. REGISTERED AGENT II	N RHODE ISLAN	D - DO NOT ALTER - C	hanges require filing of For	rm 641 - R.I.G.L. 7-6-13 /	7-6-78	
Agent Name			Address			
Quentin Anthony						
Address			City	Zip		
41 Long Wharf Mall			NEWPORT	02840	02840	
This report mu	st be signed by e	ither the President, Vice	President, Secretary, Assistant	Secretary, Treasurer, Recei	ver or Trustee	

3 0 0 0 1	FILED	Under penalty of perjury, I declare and affirm report, including any accompanying schedules	
File Date  Check No.  BY	1AR 05 2009 Am F	Signature of Officer	t. 3/4/09 Date
By:FOR SECRETARY OF STATE USE ONLY	88192	Quentin Anthony Print or Type Name of Officer  President Title of Officer	
	001117		Form 631 Rev. 12/06