



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2009

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. 85858		2. Name of Corporation THE RHODE ISLAND ASSOCIATION OF CONSERVATION DISTRICTS	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 17 SMITH AVE	
		City GREENVILLE	Zip 02828
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 TO IMPROVE THE QUALITY OF LIFE AND THE ENVIRONMENT			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name RICHARD WENT		Vice President Name	
Street Address 17 SMITH AVE		Street Address	
City GREENVILLE	State R.I.	Zip 02828	
Secretary Name NORMAN HAMMOND		Treasurer Name NORMAN HAMMOND	
Street Address 17 SMITH AVE		Street Address 17 SMITH AVE	
City GREENVILLE	State R.I.	Zip 02828	
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 HARRIET POWELL		Director Name RUDI HEMPE	
Street Address 17 SMITH AVE		Street Address 17 SMITH AVE	
City GREENVILLE	State R.I.	Zip 02828	
Director Name PAUL DOLAN		Director Name	
Street Address 17 SMITH AVE		Street Address	
City GREENVILLE	State R.I.	Zip 02828	
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

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

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.

Signature of Officer **Norman Hammond** Date **5/19/09**
Print or Type Name of Officer
SECT. / TREAS.
Title of Officer

File Date	FILED
Check No.	MAY 22 2009
By:	208
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