



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 61721		2. Exact name of the Corporation RHODE ISLAND FOREST CONSERVATOR'S ORGANIZATION			
3. State of Incorporation RHODE ISLAND		4. Corporate Address in RI - Street Address 303 COURTHOUSE LANE		City PASCOAG	Zip 02859
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island FOREST CONSERVATION AND EDUCATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William Fortune			Vice-President Name Patricia Wright		
Street Address 19 Biscuit Hill Road			Street Address 457 Plain Road		
City Foster	State RI	Zip 02825	City West Greenwich	State RI	Zip 02817
Secretary Name Richard Nagle			Treasurer Name Virginia Warrender		
Street Address 72 Forge Road			Street Address 20117 Patriot Way		
City No. Kingstown	State RI	Zip 02852	City West Greenwich	State RI	Zip 02817
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Milton Schumacher			Director Name Richard Went		
Street Address 8 Collins Lane			Street Address 5 Anan Wade Road		
City No. Scituate	State RI	Zip 02857	City No. Scituate	State RI	Zip 02857
Director Name Norman Hammond			Director Name Robert Maguire		
Street Address 25 Old Hartford Pike			Street Address 124 Fry Pond Road		
City No. Scituate	State RI	Zip 02857	City West Greenwich	State RI	Zip 02817
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED
 JUN 07 2012

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.

William Fortune 6/5/2012
 Signature of Officer _____ Date

Print or Type Name of Officer
William T Fortune

PRESIDENT
 Title of Officer