

**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/business

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.	2. Exact name of the Corporation			
110374	Private Conservation Inc.			
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island Grants to study & protect the least known & most endangered primates in their natural habitat			
5. Principal office address 1411 Shamrock Road	City Charlestown	State RI	Zip 02813	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Noel B. Rowe	Vice-President Name			
Street Address 1411 Shamrock Road	Street Address			
City Charlestown	State RI	Zip 02813	City	
Secretary Name Marc M. Myers	Treasurer Name Kimberly H. Decker			
Street Address 328 Rowe Street	Street Address 1690 Linden Ave.			
City Hawley	State PA	Zip 18428	City Boulder	State CO
7. 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 Noel B. Rowe	Director Name Kimberly H. Decker			
Street Address 1411 Shamrock Road	Street Address 1690 Linden Ave.			
City Charlestown	State RI	Zip 02813	City Boulder	State CO
Director Name Marc M. Myers	Director Name			
Street Address 328 Rowe Street	Street Address			
City Hawley	State PA	Zip 18428	City	State
8. 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 _____

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.

Check No _____

Signature of Officer

Date

By: _____

Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

FILED

Title of Officer

JUN 07 2012