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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 2014

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
29693	RHODE ISLAND CHRISTMAS TREE GROWERS ASSOCIATION
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Agricultural association of growers of Christmas Trees promoting, marketing, educating, socializing

5. Principal office address: 4191 MAIN RD | City: TIVERTON | State: RI | Zip: 02878

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: ERIC WATNE	Vice-President Name: KAREN MENEZES
Street Address: 4191 MAIN RD	Street Address: 73 MIDDLE ROAD
City: TIVERTON | State: RI | Zip: 02878	City: PORTSMOUTH | State: RI | Zip: 02871
Secretary Name: CATHERINE WATNE	Treasurer Name: WAYNE GUNDERMAN
Street Address: 4191 MAIN RD	Street Address: 109 HOPE FURNACE RD
City: TIVERTON | State: RI | Zip: 02878	City: HOPE | State: RI | Zip: 02831

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name: KATHERINE WATNE	Director Name: BB Fleischbein
Street Address: 4191 MAIN RD	Street Address: 299 SOUTH ROAD
City: TIVERTON | State: RI | Zip: 02878	City: EXETER | State: RI | Zip: 02822
Director Name: DON GAVIN	Director Name: JOHN EMIN
Street Address: 255 PECKHAM RD	Street Address: 7 JOHN MOWRY RD
City: LITTLE COMPTON | State: RI | Zip: 02837	City: SMITHFIELD | State: RI | Zip: 02917

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

FILED
APR 11 2014
A.A. 11:15 A.M.

FOR SECRETARY OF STATE USE ONLY
File Date:
Check No.:
By:

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.

ERIC R WATNE — 3/24/2014
Signature of Officer — Date

ERIC R WATNE
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form No. 631
Revised: 05/2012
105532-3-903104