



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 **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. 28760		2. Exact name of the Corporation Children's Grove			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To maintain a wooded area in Bristol (Gibson Road) for children.			
5. Principal office address 1202 Hope St.		City Bristol		State RI	Zip 02809
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Daniel G. Knowlton			Vice-President Name Lavina F. Knowlton		
Street Address 1202 Hope St.			Street Address 1202 Hope St.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Elaine L. Masse			Treasurer Name Raymond G. Masse		
Street Address 123 Gibson Rd.			Street Address 123 Gibson Rd.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Daniel G. Knowlton			Director Name Lavina F. Knowlton		
Street Address 1202 Hope St.			Street Address 1202 Hope St.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Raymond G. Masse			Director Name		
Street Address 123 Gibson Rd.			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

Raymond G. Masse 6/5/14
Signature of Officer or Authorized Representative Date

JUN 06 2014

RAYMOND G. MASSE
Print or Type Name of Officer or Authorized Representative

BY 2927