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.	2. Exact name of the Corporation
42270	RHODE ISLAND WILD PLANT SOCIETY, INC.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	PRESERVATION AND CONSERVATION OF WILD PLANTS AND THEIR HABITATS

5. Principal office address	City	State	Zip
P.O. BOX 888	NORTH KINGSTOWN	RI	02852

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

President Name	Street Address	City	State	Zip
PAUL DOLAN	120 NIPMUC ROAD	FOSTER	RI	02825

Vice-President Name	Street Address	City	State	Zip
MARK W. CARRISON	P.O. BOX 8031	CRANSTON	RI	02920

Secretary Name	Street Address	City	State	Zip
MARY OCONNOR	27 RIDGE ROAD	CHARLESTOWN	RI	02813

Treasurer Name	Street Address	City	State	Zip
MARK W. CARRISON	P.O. BOX 8031	CRANSTON	RI	02920

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

Director Name	Street Address	City	State	Zip
SUSAN SHUSTER	44 ROBIN VALE DRIVE	NORTH SCITUATE	RI	02857

Director Name	Street Address	City	State	Zip
DOROTHY SWIFT	48 LANDS END DRIVE	WICKFORD	RI	02852

Director Name	Street Address	City	State	Zip
CARL SAWYER	2912 POST ROAD	WAKEFIELD	RI	02879

Director Name	Street Address	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

FILED
JUN 17 2014
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.

_____ **06/10/2014**
Signature of Officer or Authorized Representative — Date

MARK W. CARRISON
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014