



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. 47856		2. Exact name of the Corporation Rhode Island Resource Conservation and Development (RC&D) Area Incorporated			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Assisting local people in initiating and implementing long range programs of resource conservation and development.			
5. Principal office address 2283 Hartford Ave.		City Johnston		State RI	Zip 02919
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Harriet Powell		Vice-President Name Raymond Robinson			
Street Address 865 Gilbert Stuart Road		Street Address 163 Sand Turn Road			
City Saunderstown	State RI	Zip 02874	City W. Kingstown	State RI	Zip 02892
Secretary Name Beverly Migliore		Treasurer Name Myna George			
Street Address 235 Promenade St		Street Address 4808 Tower Hill Road			
City Providence	State RI	Zip 02908	City Wakefield	State RI	Zip 02879
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Edward Baker		Director Name Marc Tremblay			
Street Address 11 Washington Ave		Street Address 303 Courthouse Lane			
City Wakefield	State RI	Zip 02879	City Pascoag	State RI	Zip 02859
Director Name Irene Nebiker		Director Name			
Street Address 28 Grange Road		Street Address			
City North Smithfield	State RI	Zip 02896	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 _____

FILED

Check No _____

JUN 27 2014

By: _____

2315

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.

Harriet E. Powell

6.19.14

Signature of Officer or Authorized Representative

Date

Harriet E. Powell - President

Print or Type Name of Officer or Authorized Representative