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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

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
110981	NARRAGANSETT TREE SOCIETY
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	TO PROTECT AND ENCOURAGE THE PLANTING AND PRESERVATION OF TREES IN THE TOWN OF NARRAGANSETT

5. Principal office address	City	State	Zip
P.O. BOX 3145 (16 BETTY HILL RD.)	NARRAGANSETT	RI	02882

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

President Name	Vice-President Name
WILLIAM A. BIVONA	RUDOLPH HEMPE
Street Address	Street Address
16 BETTY HILL RD	20 FODDERING FARM RD.
City / State / Zip	City / State / Zip
NARRAGANSETT / RI / 02882	NARRAGANSET / RI / 02882
Secretary Name	**Treasurer Name**
DARYL ANDERSON	WILLIAM KRUL
Street Address	Street Address
7 JEAN ST.	8 LOCUST ST.
City / State / Zip	City / State / Zip
NARRAGANSETT / RI / 02882	NARRAGANSETT / RI / 02882

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

Director Name	Director Name
NANCY E. BIVONA	NANCY RICHARDS
Street Address	Street Address
16 BETTY HILL RD	144 GIBSON AVE
City / State / Zip	City / State / Zip
NARRAGANSETT / RI / 02882	NARRAGANSET / RI / 02882
Director Name	**Director Name**
W. ROBERT ONORATO	CHARLES CARBERRY
Street Address	Street Address
53 WHEATFIELD COVE RD	6 TEAL POND RD.
City / State / Zip	City / State / Zip
NARRAGANSETT / RI / 02882	NARRAGANSETT / RI / 02882

8. REGISTERED AGENT IN RHODE ISLAND RUDOLPH A. HEMPE, 20 FODDERING FARM RD. NARR, RI 02882

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 27 2014
BY 0195

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.

William A Bivona 6/26/14
Signature of Officer or Authorized Representative Date

WILLIAM A. BIVONA
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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