



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000116947

2. Name of Corporation FRIENDS OF THE GLOCESTER LAND TRUST

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 864
City or Town: CHEPACHET State: RI Zip: 02814 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO SUPPORT THE TOWN OF GLOCESTER LAND TRUST AND LESSEN THEIR BURDEN
BY SOLICITING AND RECEIVING CONTRIBUTIONS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ELAINE FONTAINE	PO BOX 713 CHEPACHET, RI 02814 USA
TREASURER	LILI FEINSTEIN	204 OLD SNAKE HILL ROAD CHEPACHET, RI 02814 USA

SECRETARY	ALLEN R CLAWSON	PO BOX 713 CHEPACHET, RI 02814 USA
VICE PRESIDENT	CONSTANCE WORTHINGTON	19 EVERETT AVE PROVIDENCE, RI 02906 USA
DIRECTOR	PAULA BISSELL	120 WELKS LANE CHEPACHET, RI 02814 USA
DIRECTOR	TYSH MCGRIL	106 HUNTINGHOUSE RD N. SCITUATE, RI 02857 USA
DIRECTOR	ALLEN R CLAWSON	PO BOX 713 CHEPACHET, RI 02814 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ELAINE FONTAINE 15 TANYARD LANE PO BOX 713 CHEPACHET , RI 02814

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 17 Day of July, 2014 at 10:07:00 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ALLEN CLAWSON
Signature of Authorized Person

Form No. 631
Revised 09/07

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