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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 2015

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
61721	RHODE ISLAND FOREST CONSERVATOR'S ORGANIZATION
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	Forest conservation and Education

5. Principal office address	City	State	Zip
303 Courthouse Lane	Pascoag	RI	02859

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

President Name	Street Address	City	State	Zip
William Fortune	19 Biscuit Hill Road	Foster	RI	02825

Vice-President Name	Street Address	City	State	Zip
Patricia Wright	457 Plain Road	West Greenwich	RI	02817

Secretary Name	Street Address	City	State	Zip
Richard Nagle	72 Forge Road	No. Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Paul Boisvert	13 Woodlawn Circle	Hope Valley	RI	02832

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
Milton Schumacher	8 Collins Lane	No. Scituate	RI	02857

Director Name	Street Address	City	State	Zip
Ronald Fasano	61 Tefft Hill Road	Wyoming	RI	02898

Director Name	Street Address	City	State	Zip
Richard Went	5 Anan Wade Road	No. Scituate	RI	02857

Director Name	Street Address	City	State	Zip
Norman Hammond	25 Old Hartford Pike	No. Scituate	RI	02857

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

MAY 11 2015

BY 1938

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.

5/5/2015

Signature of Officer or Authorized Representative — Date

William Fortune

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
120765-2-1036910