



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

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**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30



Help with this form

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:

1. Corporate ID No. 000846787

2. Name of Corporation Back to Nature Trust

3. State of Incorporation

State: RI

FILED

JUL 24 2015

4. Corporate Address in Rhode Island

No. and Street: 508 LONSDALE AVENUE

BY 22937263143

City or Town: PAWTUCKET

State: RI Zip: 02860

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 PROVIDE AGRICULTURAL INFORMATION ADVICE CONSULTATION AND AWARENESS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	CARL PACKARD	508 LONSDALE PAWTUCKET, RI 02860 USA
<input type="checkbox"/>	DIRECTOR	CARL PACKARD	508 LONSDALE AVENUE PAWTUCKET, RI 02860 USA
<input type="checkbox"/>	DIRECTOR	CARLA BERNARD	508 LONSDALE AVENUE PAWTUCKET, RI 02860 USA
<input type="checkbox"/>	DIRECTOR	JEFFREY GODLEWSKI	508 LONSDALE AVENUE PAWTUCKET, RI 02860 USA

Select From Below Title:

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
 Address: _____ City: _____ State: _____ Zip: _____ Country: _____

**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**

CARL PACKARD 508 LONSDALE AVENUE PAWTUCKET, RI 02860

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Carl Packard
 Business Name: Back To Nature Trust
 No. and Street: 508 LONSDALE AVENUE Principal Office
 City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA
 Contact Phone: 401-209-0622 ext: _____
 Contact Email: btitrust@yahoo.com

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 21 Day of July, 2015 at 5:42:35 PM 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 
Signature of Authorized Person