



**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: 2015

1. Corporate ID No. 000161775

2. Name of Corporation The Newport Tree Society

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 863
City or Town: NEWPORT State: RI Zip: 02840 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 FOSTER A HEALTHY GROWING URBAN FOREST IN THE CITY OF NEWPORT, RI THROUGH A PERMANENT TREE MANAGEMENT AND PLANTING PROGRAM

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MS. LILLY DICK	662 BELLEVUE AVENUE NEWPORT, RI 02840 USA
SECRETARY	KRISTYN WOODLAND	15 DENNISON STREET NEWPORT, RI 02840 USA

DIRECTOR	LISA LEWIS	25 BRIDGE STREET NEWPORT, RI 02840 USA
DIRECTOR	PAM GILPIN	14 EVERETT STREET NEWPORT, RI 02840 USA
DIRECTOR	ROBERT CURRIER	7 HALL AVENUE NEWPORT, RI 02840 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**

KRISTYN WOODLAND 15 DENNISON STREET NEWPORT , RI 02840

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

Signed this 30 Day of November, 2015 at 12:21:08 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 KRISTYN WOODLAND
Signature of Authorized Person

Form No. 631
Revised 09/07

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