



**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: 2016

1. Corporate ID No. 001083152

2. Name of Corporation Conserfest

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 921 COAST GUARD RD

City or Town: BLOCK ISLAND

State: RI

Zip: 02807

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 RAISE SOCIAL CONSCIOUSNESS, AWARENESS AND MONETARY SUMS FOR OTHER COMMUNITY ORGANIZATIONS, NON PROFITS AND OR FUNDRAISERS FOR ENVIRONMENTAL OR SOCIAL IMPROVEMENT THROUGH MUSICAL AND ARTISTIC EVENTS AND FESTIVALS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
INCORPORATOR	CAMERON GREENLEE	PO BOX 571 BLOCK ISLAND, RI 02807 USA

DIRECTOR	TRACY FINN	PO BOX 1862 BLOCK ISLAND, RI 02807 USA
DIRECTOR	DANIELLE DUFFY	PO BOX 1705 BLOCK ISLAND, RI 02807 USA
DIRECTOR	TARYN READY	32 OAK STREET, UNIT 1 PROVIDENCE, RI 02909 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**

CAMERON GREENLEE 921 COAST GUARD ROAD P.O. BOX 571 BLOCK ISLAND , RI 02807

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

Signed this 13 Day of May, 2016 at 12:12:18 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 TARYN READY
Signature of Authorized Person

Form No. 631
Revised 09/07

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