



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation	
133332		OS ORCHID SOCIETY	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RI		MONTHLY MEETING, ORCHID DISCUSSIONS, ORCHID AUCTION, ORCHID SHOW	
5. Principal Office Address		City	State
377 SWITCH ROAD		WOOD RIVER JUNCTION	RI
		Zip	02894
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input checked="" type="checkbox"/>	
President Name NAOMI MITTELL		Vice-President Name LYNN EPSTEIN	
Street Address 40 HAVERILL AVENUE		Street Address 441 POPPASQUASH ROAD	
City NORTH KINGSTOWN	State RI	City BRISTOL	State RI
Zip 02852		Zip 02809	
Secretary Name DENA JANSON		Treasurer Name NANCY THORPE	
Street Address 140 MYRTLE AVENUE		Street Address 377 SWITCH ROAD	
City WARWICK	State RI	City WOOD RIVER JUNCTI	State RI
Zip 02886		Zip 02894	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.		Check the box to indicate an attachment <input checked="" type="checkbox"/>	
Director Name SUE GOGGIN		Director Name SUSANNA PARSONS	
Street Address 1 FOREST LANE		Street Address 62 ELITE DRIVE	
City EAST GREENWICH	State RI	City CRANSTON	State RI
Zip 02818		Zip 02921	
Director Name JEFF BOOKBINDER		Director Name KATHY DUNSTAN	
Street Address 39 LANDMARK ROAD		Street Address 30 NESTA DRIVE	
City WARWICK	State RI	City NORTH KINGSTOWN	State RI
Zip 02886		Zip 02852	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative		Date	
NANCY THORPE		JUNE 1, 2016	
Signature of Officer/Authorized Representative			
<i>Nancy Thorpe</i> HERE			

FILED
 JUN 06 2016
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OS ORCHID SOCIETY

#133332

OFFICERS

AOS liaison

Margery Cunningham

389 Jepson Lane

Portsmouth, RI 02871

Program Chair

Merry Hayes

217 Oak Tree Avenue

Warwick RI 02886

Director

David Rogovitz

13 Finch Lane

Saunderstown, RI 02874

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