



**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	
-84387		Charlestown Land Trust	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
Rhode Island		Preserving open space & health of community	
5. Principal Office Address		City	State
50 Bend Rd / PO Box 1387		Charlestown	RI
		Zip	02813
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name Karen Jarret		Vice-President Name Paul Kelley	
Street Address 153 Burdickville Rd		Street Address 4380 Old Post Rd	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		Zip 02813	
Secretary Name Connie Baker		Treasurer Name Russell Ricci	
Street Address 1018 B Shannock Rd.		Street Address 233A Route 112	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		Zip 02813	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.		Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Jane Burns		Director Name Mark Hinkley	
Street Address 112 Warren Rd		Street Address 16 Lagoon Ave	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		Zip 02813	
Director Name Katherine Gibson		Director Name Roe LaBoissiere	
Street Address Rte 91 / PO Box 614		Street Address 30 Davenport St.	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		Zip 02813	
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 Karen Jarret - President			Date June 1, 2016
Signature of Officer/Authorized Representative <i>Karen Jarret</i>			

FILED

JUN 06 2016

BY KL 2170