



**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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name		Vice-President Name	
Karen Jarret		Paul Kelley	
Street Address		Street Address	
153 Burdickville Rd		4380 Old Post Rd	
City	State	City	State
Charlestown	RI	Charlestown	RI
Zip	02813	Zip	02813
Secretary Name		Treasurer Name	
Connie Baker		Russell Ricci	
Street Address		Street Address	
1018 B Shannock Rd.		233A Route 112	
City	State	City	State
Charlestown	RI	Charlestown	RI
Zip	02813	Zip	02813
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Jane Burns		Mark Hinkley	
Street Address		Street Address	
112 Warren Rd		16 Lagoon Ave	
City	State	City	State
Charlestown	RI	Charlestown	RI
Zip	02813	Zip	02813
Director Name		Director Name	
Katherine Gibson		Roe LaBoissiere	
Street Address		Street Address	
Rte 91 / PO Box 614		30 Davenport St.	
City	State	City	State
Charlestown	RI	Charlestown	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.			
<b>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.</b>			
<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
Karen Jarret - President			June 1, 2016
Signature of Officer/Authorized Representative			
<i>Karen Jarret</i>			

**FILED**

JUN 06 2016

BY KL 2170