

**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

[| LOGOUT |](#)**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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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.** 000083845**2. Name of Corporation** BLOCK ISLAND GARDENERS**3. State of Incorporation**State: RI**4. Corporate Address in Rhode Island**No. and Street: Box 661City or Town: Block IslandState: RI Zip: 02807 Country: USA**FILED**

JUN 09 2016

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 IslandCHARITABLE AND EDUCATIONAL**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	MAUDE CHASSE	PO BOX 158 BLOCK ISLAND, RI 02807 USA
<input type="checkbox"/>	DIRECTOR	TONY MILLER	PO BOX 353 BLOCK ISLAND, RI 02807 USA
<input type="checkbox"/>	DIRECTOR	PAUL MARTE	PO BOX 694 BLOCK ISLAND, RI 02807 USA
<input type="checkbox"/>	DIRECTOR	FRED NELSON	PO BOX 295 BLOCK ISLAND, RI 02807 USA
<input type="checkbox"/>	Treasurer	STEPHEN ROBISON	BOX 694 BLOCK ISLAND, RI 02807 USA
<input type="checkbox"/>	Vice President	Ken Moss	Box 1123 Block Island, RI 02807 USA
<input type="checkbox"/>	Secretary	Mary Sue Record	PO Box 460 Block Island, RI 02807 USA

Select From Below Title:

First Name:

Middle Name:

Last Name:

Suffix:

Address:

City:

State:

Zip:

Country:

Clear

Add

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

STEPHEN ROBISON 718 CORN NECK ROAD P.O. BOX 694 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: STEPHEN ROBISON

Business Name:

No. and Street: Box 694, - Same Address as -
 718 CORN NECK RD.

City or Town: Block Island State: RI Zip: 02807 Country: Unit

Contact Phone: 4014665538 ext:

Contact Email: snrobison@aol.com

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 6 Day of June, 2016 at 2:54:03 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 
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this filing will be litigated under the statutes and common laws of the State of Rhode

Accept

Decline

[Click HERE to Submit This Information](#)

Form No. 631
Revised 09/07

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