



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

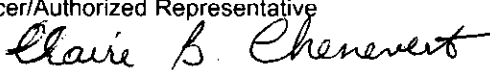
Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 128191		2. Exact name of the Corporation Master Gardener Foundation of Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Raise and manage funds to support programs of the URI Master Gardeners			
5. Principal Office Address PO Box 1515		City Kingston	State RI	Zip 02881	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Thomas A. Gorski			Vice-President Name Sanne Kure-Jensen		
Street Address 55 Harvest Ave			Street Address 168 Fairview Lane		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Rudolph Hempe			Treasurer Name Claire B. Chenevert		
Street Address 20 Foddering Farm Rd			Street Address 1 Thomas Dr		
City Narragansett	State RI	Zip 02882	City Cumberland	State RI	Zip 02864
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name John N. Peacock			Director Name Clarkson Collins		
Street Address 18 Aubin St			Street Address 2520 Kingstown Rd		
City Seekonk	State MA	Zip 02771	City Kingston	State RI	Zip 02881
Director Name Greta Cohen			Director Name Zeldy Lyman		
Street Address 18 Wayside Court			Street Address 324 Norwood Ave		
City Kingston	State RI	Zip 02881	City Cranston	State RI	Zip 02905
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Claire B. Chenevert				Date 6/13/2016	
Signature of Officer/Authorized Representative 					

FILED

JUN 15 2016

BY KL 778

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov