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 | 2. Exact name of the Corporation |
|---|---|
| **128191** | **Master Gardener Foundation of Rhode Island** |
| 3. State of Incorporation | 4. Brief description of the character of business conducted in Rhode Island |
| **Rhode Island** | **Raise and manage funds to support programs of the URI Master Gardeners** |

| 5. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **PO Box 1515** | **Kingston** | **RI** | **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 | Date |
|---|---|
| **Claire B. Chenevert** | **6/13/2016** |

Signature of Officer/Authorized Representative
Claire B. Chenevert

**FILED**
JUN 15 2016
BY KL 778

**MAIL TO:**
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