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

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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. 000798133

2. Name of Corporation Providence Neighborhood Planting Program

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 166 VALLEY STREET
BUILDING 3L, OFFICE 104
City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

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 Island

TO ENGAGE IN PROGRAMS TO SUPPORT THE TREE CANOPY IN PROVIDENCE, RHODE ISLAND AND ITS NEIGHBORING COMMUNITIES, PLANTING OF STREET TREES AND RELATED ACTIVITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TIMOTHY MOORE	50 SOUTH MAIN STREET PROVIDENCE, RI 02903 USA

DIRECTOR	PEGGY BOYD SHARPE	30 POJAC POINT NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	SARAH SHARPE	680 SUDBURY ROAD CONCORD, MA 01742 USA
DIRECTOR	FRASER GILBANE	36 BERWICK STREET EAST PROVIDENCE, RI 02916 USA

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

CASSIE THARINGER 166 VALLEY ST BLDG 3L PROVIDENCE , RI 02909

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of June, 2016 at 3:55:49 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 CASSIE THARINGER
Signature of Authorized Person

Form No. 631
Revised 09/07

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