



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.

FILED

JUL 05 2016

By [Signature]

1. Entity ID Number 000074555		2. Exact name of the Corporation NORTH SOUTH TRAIL COUNCIL	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Maintain, promote + enjoy the NST, a 72-mile recreational trail in western RI	
5. Principal Office Address 27 POST ROAD		City WARWICK	State RI
		Zip 02888	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name GINNY WESLIE		Vice-President Name CARL WINDWE	
Street Address 27 POST RD		Street Address 85 HAWES HILL RD	
City WARWICK	State RI	City SWANSEA	State MA
	Zip 02888		Zip 02777
Secretary Name VACANT		Treasurer Name GINNY WESLIE	
Street Address		Street Address 27 POST ROAD	
City	State	City WARWICK	State RI
	Zip		Zip 02888
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ROLAND TREMBLAY		Director Name AL POINTE	
Street Address 24 MILL STREET		Street Address 23 MONMOUTH DRIVE	
City OAKLAND	State RI	City EAST PROV	State RI
	Zip 02858		Zip 02915
Director Name CHARLES DEAN		Director Name	
Street Address PO BOX 865		Street Address	
City SLATERSVILLE	State RI	City	State
	Zip 02876		Zip
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.			
<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 GINNY WESLIE		Date 6/28/2016	
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov