



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

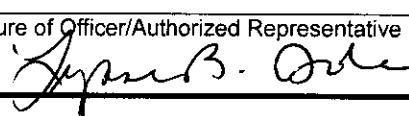
**Annual Report for the year: 2016**

**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 <b>27066</b>		2. Exact name of the Corporation <b>The Barrington Land Conservation Trust</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Environmental preservation and education</b>			
5. Principal Office Address <b>283 County Road</b>		City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Tim Faulkner</b>			Vice-President Name <b>Peter Burke</b>		
Street Address <b>283 County Road</b>			Street Address <b>283 County Road</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Secretary Name <b>Lynne Barry Dolan</b>			Treasurer Name <b>Patricia Cerilli</b>		
Street Address <b>283 County Road</b>			Street Address <b>283 County Road</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Lynne Barry Dolan, Secretary</b>				Date <b>7/12/2016</b>	
Signature of Officer/Authorized Representative  <b>SIGN DOCUMENT HERE</b>					

**MAIL TO:**

**Division of Business Services**

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

**Phone:** (401) 222-3040

**Website:** www.sos.ri.gov

**FILED**

**JUL 20 2016**

**BY**

**1795**  
**10**

FORM 631 - Revised: 05/2016

ID 27066

**BLCT Board of Directors**  
**2016-2017**

Tim Faulkner  
283 County Road  
Barrington, RI 02806

Victor Lerish  
283 County Road  
Barrington, RI 02806

Peter Burke  
283 County Road  
Barrington, RI 02806

Colin Shaw  
283 County Road  
Barrington, RI 02806

Beth Rondeau  
283 County Road  
Barrington, RI 02806

Catherine Boisseau  
283 County Road  
Barrington, RI 02806

Ed Schottland  
283 County Road  
Barrington, RI 02806

Sara Sampieri Horvet  
283 County Road  
Barrington, RI 02806

Rodney Jacques  
283 County Road  
Barrington, RI 02806

Patricia Cerilli  
283 County Road  
Barrington, RI 02806

Lynne Barry Dolan  
283 County Road  
Barrington, RI 02806

Melissa M. Horne  
283 County Road  
Barrington, RI 02806

Amy O'Donnell  
283 County Road  
Barrington, RI 02806

Norman Dudziak  
283 County Road  
Barrington, RI 02806