



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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FOR  
RECORDS  
DIVISION OF STATE  
CORPORATIONS

Non-Profit Corporation Annual Report for the year: 2014

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE

1. Entity ID Number		2. Exact name of the Corporation		
84375		RHODE ISLAND TURFGRASS FOUNDATION, INC.		
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island		
RI		Exclusively for charitable, religious, educational & scientific purposes.		
5. Principal Office Address		City	State	Zip
97 John Clarke Road		Middletown	RI	02842
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Alicia Pearson		Vice-President Name Victoria Wallace		
Street Address 130 Myrtle Avenue		Street Address 22 Lantern Lane		
City Warwick	State RI	Zip 02886	City Exeter	State RI Zip 02822
Secretary Name None		Treasurer Name David Wallace		
Street Address		Street Address 22 Lantern Lane		
City	State	Zip	City Exeter	State RI Zip 02822
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 James Ritorto		Director Name James Wilkinson		
Street Address 1 Club House Drive		Street Address 1610 Flat River Road		
City North Stonington	State CT	Zip 06359	City Coventry	State RI Zip 02816
Director Name David Maher		Director Name Pat Hogan		
Street Address 16 River Road		Street Address P.O. Box 29		
City Preston	State CT	Zip 06365	City Slocum	State RI Zip 02877
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
David Wallace				4-30-2016
Signature of Officer/Authorized Representative				
				SIGN DOCUMENT HERE

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