



**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. 000134467

2. Name of Corporation MOUNT TOM LAND TRUST, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 511 ELMGROVE AVENUE

City or Town: PROVIDENCE

State: RI Zip: 02906 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

CONSERVATION AND MANAGEMENT OF LAND AND ASSOCIATED EDUCATION
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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	DAVID KROESSLER MD	511 ELMGROVE AVE PROVIDENCE, RI 02906 USA
TREASURER	JONATHAN KILLIAN	15 WINDMILL RUMFORD, RI 02916 USA

PROPERTY AND GROUNDS COMMITTEE CHAIR	CHRIS LEE	OGDEN STREET PROVIDENCE, RI 02906 USA
VICE PRESIDENT	BRUCE B FISHER	20 INDIAN AVE PORTSMOUTH, RI 02871 USA
DIRECTOR	BRUCE B FISHER	20 INDIAN AVE PORTSMOUTH , RI 02871 USA
DIRECTOR	JONATHAN KILLIAN	15 WINDMILL RUMFORD, RI 02916 USA
DIRECTOR	DAVID KROESSLER DR	511 ELMGROVE PROVIDENCE, RI 02906 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**

DR. DAVID KROESSLER 511 ELMGROVE AVENUE PROVIDENCE , RI 02906

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

Signed this 17 Day of January, 2017 at 9:59:36 AM 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 JOHN SAHAGIAN TREASURE AS OF 2017
Signature of Authorized Person

Form No. 631
Revised 09/07

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