

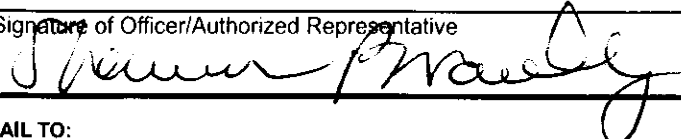


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

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 000699140		2. Exact name of the Corporation Rhode Island Nursery and Landscape Institute			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To educate the public about horticulture and good land stewardship			
4. NAICS Code 813312 - Environment, Co					
6. Principal Office Address PO BOX 984			City WEST KINGSTON	State RI	Zip 02892
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARIA MACK			Vice-President Name		
Street Address 1754 MOORESFIELD ROAD			Street Address		
City KINGSTON	State RI	Zip 02881	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name SHANNON BRAWLEY			Director Name JOHN HOWARD		
Street Address PO BOX 984			Street Address PO BOX 984		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
Director Name CATHERINE WEAVER			Director Name MELISSA MINTO		
Street Address PO BOX 36			Street Address 55 NORTH ROAD		
City KINGSTON	State RI	Zip 02881	City JAMESTOWN	State RI	Zip 02835
9. 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 SHANNON BRAWLEY					Date 6/09/2017
Signature of Officer/Authorized Representative 					

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
 JUN 12 2017

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STATE OF RHODE ISLAND

DEPT. OF STATE – BUSINESS SERVICES DIVISION

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NON-PROFIT CORPORATION

ENTITY ID #000699140

Rhode Island Nursery and Landscape Institute

ADDITIONAL INFORMATION:

DIRECTOR

SHIRLEY BEUTH
162 NEW LONDON TURNPIKE
WYOMING, RI 02898