



**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:** 2018

**1. Corporate ID No.** 000791832

**2. Name of Corporation** SOUTH KINGSTOWN COMMUNITY GARDEN

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813312

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 5206

City or Town: WAKEFIELD State: RI Zip: 02880 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**

TO ENHANCE THE QUALITY OF LIFE IN OUR COMMUNITY BY PROVIDING A PLACE FOR PEOPLE TO GROW GARDENS TO SUPPORT LOCAL EMERGENCY FOOD PANTRY TO REDUCE HUNGER AND RELATED 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**Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	TAMI J MOTTE	94 PETAL LANE WAKEFIELD, RI 02879 US
TREASURER	CHERYL SMITH	175 PINE HILL RD WAKEFIELD, RI 02879 US
DIRECTOR	AMY BROWN	P.O. BOX 794 WAKEFIELD, RI 02879 US
VICE PRESIDENT	LISA WRIGHT	415 OAKWOODS DR WAKEFIELD, RI 02879 USA
DIRECTOR	TESS MCWILLIAMS	13 LINDEN DR KINGSTON, RI 02881 USA
DIRECTOR	MATT DIANA	42 INDIAN RUN RD SOUTH KINGSTON, RI 02879 USA
DIRECTOR	TRACEY HARRIS	25 BROADROCK RD WAKEFIELD, RI 02879 US

**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**

MARTHA DAY 71 MAIN STREET WAKEFIELD , RI 02879

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

**Signed this 5 Day of June, 2018 at 11:56:55 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 CHERYL SMITH  
Signature of Authorized Person

Form No. 631  
Revised 09/07