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

FILED
JUN 18 2018
BY 787

Annual Report for the year: 2018
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	2. Exact name of the Corporation
133332	OS ORCHID SOCIETY
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: MONTHLY MEETING,ORCHID DISCUSSIONS, ORCHID RAFFLE, ORCHID SHOW
4. NAICS Code: 813312 - Environment, Conserv	

6. Principal Office Address	City	State	Zip
377 SWITCH ROAD [redacted]	WOOD RIVER JUNCTION	RI	02898

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: NAOMI MITTELL			Vice-President Name: LYNN EPSTEIN		
Street Address: 40 HAVERHILL AVENUE			Street Address: 441 POPPASQUASH ROAD		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City: BRISTOL	State: RI	Zip: 02809
Secretary Name: DENA JANSON			Treasurer Name: NANCY THORPE		
Street Address: 140 MYRTLE AVENUE			Street Address: 377 SWITCH ROAD		
City: WARWICK	State: RI	Zip: 02886	City: WOOD RIVER JUNCTION	State: RI	Zip: 02898

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☑

Director Name: SUE GOGGIN			Director Name: SUSANNA PARSONS		
Street Address: 1 FOREST LANE			Street Address: 62 ELITE DRIVE		
City: EAST GREENWICH	State: RI	Zip: 02818	City: CRANSTON	State: RI	Zip: 02921
Director Name: JEFF BOOKBINDER			Director Name: KATHY DUNSTAN		
Street Address: 391 LANDMARK ROAD			Street Address: 39 NESTA DRIVE		
City: WARWICK	State: RI	Zip: 02886	City: NORTH KINGSTOWN	State: RI	Zip: 02852

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.

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
NANCY THORPE	JUNE 13, 2018

Signature of Officer/Authorized Representative: Nancy E Thorpe SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017

OS ORCHID SOCIETY

#133332

Board of Directors

David Rogovitz

13 Finch Lane

Saunderstown, RI 02874

Program Chair

Merry Hayes

217 Oak Tree Avenue

Warwick RI 02886