State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number	2. Exact name of the Corporation						
0000 27085	THE BARRINGTON PRESERVATION SOCIETY						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	5. Brief description of the character of business conducted in Rhode Island Pacserving Bullings, Places, Teach of Land, OBJECTS AND INFORMATION OF NISTALIZAL INTEREST RATEMENT TO THE TOWN OF BURRING FOR RT						
4. NAICS Code	OF NISTONE	CAL INTEREST	REATAMAGIO THE TOWN OF	Suaring 10			
7/2/10							
,	L		T-2::	la			
6. Principal Office Address			City BARRINGTON	State	Zip しみ806		
281 COUNTY ROAD			DWGGW				
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name		Vice-President Name					
Street Address	NOTHANIEL TAYLOR DAVID STONESTRECT treet Address Street Address						
20 LINCOLN AVE.			66 BLUFF STREET				
City BARRINGTON	State	Zip 02806	SPERINGTON .	State	Zip 03806		
Secretary Name	<u> </u>		Treasurer Name				
DUNCAN SUTHERLAND LOSON T LAWRENCE							
Street Address 6 VIALLS DR.	■ = ·			Street Address 153 George 51			
CityBackington	State	Zip 0806	City BARRINGTON	State	Zip 03806		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.							
5:			T	heck the box to indi	cate an attachment L		
Director Name /Eau Doccums			Bueton Edwards				
Street Address			Street Address				
79 Rumstick Rd	T _	T	3 HONEYSUCKLE	Rd.	1		
BARRINGTON	State	Zip CD806	City BORRISTON	State	Zip 0,2806		
Director Name Director Name							
Richard Danielly Street Address			Street Address				
37 HOWTHORNE AVE.			9 Surry Rd				
City BARRIAG TON	State RT	Zip 0)806	City BURNING TON	State	2ip 02.806		
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, duty Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative							
LOSON T LOWRENCE TREOSURER 6/23/18							
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE							
Jan J 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