



**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.** 001667579

**2. Name of Corporation** THE MUSHROOM HUNTING FOUNDATION

**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: 424-B SUCCOTASH ROAD

City or Town: WAKEFIELD

State: RI Zip: 02879 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 424-B SUCCOTASH ROAD

City or Town: WAKEFIELD State: RI Zip: 02879-5854 Country: UNI

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROMOTE SAFE MUSHROOM HUNTING AND WILD PLANT FORAGING THROUGH CLASSES, WORKSHOPS AND GUIDED FORAYS, AND TO EDUCATE THE PUBLIC THROUGH PUBLICATIONS AND OTHER EDUCATIONAL MATERIALS AND TO PUBLICIZE ITS ACTIVITIES THROUGH TRADITIONAL AND SOCIAL MEDIA.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	RYAN T. BOUCHARD	424-B SUCCOTASH ROAD WAKEFIELD, RI 02879 USA
TREASURER	RYAN T. BOUCHARD	424-B SUCCOTASH ROAD WAKEFIELD, RI 02879 USA
SECRETARY	EMILY A SCHMIDT	424-B SUCCOTASH ROAD WAKEFIELD, RI 02879 USA
VICE PRESIDENT	EMILY A SCHMIDT	424-B SUCCOTASH ROAD WAKEFIELD, RI 02879-5854 USA
ASSISTANT SECRETARY	JOHN H. MCCANN	1080 MAIN STREET PAWTUCKET, RI 02860 USA
DIRECTOR	COLLEEN M. KELLY	424-B SUCCOTASH ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	RYAN T. BOUCHARD	424-B SUCCOTASH ROAD WAKEFIEDL, RI 02879 USA
DIRECTOR	EMILY A. SCHMIDT	424-B SUCCOTASH ROAD WAKEFIELD, RI 02879 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**

JOHN MCCANN 1080 MAIN STREET PAWTUCKET , RI 02860

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

**Signed this 29 Day of June, 2018 at 10:33:43 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 /S/ JOHN MCCANN  
Signature of Authorized Person

Form No. 631  
Revised 09/07