



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

FILED

JUL 02 2018

BY SOL

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 128191		2. Exact name of the Corporation Master Gardener Foundation of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Raise and manage funds to support horticulture programs of the State of Rhode Island and surrounding communities			
4. NAICS Code 813312 - Environment, Conserv					
6. Principal Office Address PO Box 1515		City Kingston	State RI	Zip 02881	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John N. Peacock			Vice-President Name Rudolph Hempte		
Street Address 18 Aubin Street			Street Address 20 Foddering Farm Road		
City Seekonk	State MA	Zip 02771	City Narragansett	State RI	Zip 02882
Secretary Name Rudolph Hempte			Treasurer Name Gail T. Woodward		
Street Address 20 Foddering Farm Road			Street Address 30 Prospect Avenue		
City Narragansett	State RI	Zip 02882	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Earle Perkins			Director Name Maury Ryan		
Street Address 170 Hunt Avenue			Street Address #A2 600 Cole Farm Road		
City Wakefield	State RI	Zip 02879	City Warwick	State RI	Zip 02886
Director Name Clarkson Collins			Director Name		
Street Address 2520 Kingstown Road			Street Address		
City Kingston	State RI	Zip 02881	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Gail T. Woodward				Date 6/26/2018	
Signature of Officer/Authorized Representative <i>Gail T. Woodward</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov