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

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CORPORATIONS DIV
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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
000084378	**Rhode Island Association of Wetland Scientists**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **To Promote education, information, and professional standards in the field of Wetland Science.**
4. NAICS Code: **813920 - Professional Organiza**	

6. Principal Office Address	City	State	Zip
c/o Bruce S. Ahern, 141 Quail Hollow Road	**Cranston**	**RI**	**02920**

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

President Name: **Joseph P. Klinger**			Vice-President Name: **Christopher Mason**		
Street Address: **95 Normandy Road**			Street Address: **c/o Mason & Associates, 771 Plainfield Pike**		
City: **Wakefield**	State: **RI**	Zip: **02879**	City: **North Scituate**	State: **RI**	Zip: **02857**
Secretary Name: **Carol Murphy**			Treasurer Name: **Bruce S. Ahern**		
Street Address: **105 Old Pine Road**			Street Address: **1412 Quail Hollow Road**		
City: **Narragansett**	State: **RI**	Zip: **02882**	City: **Cranston**	State: **RI**	Zip: **02920**

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

Director Name: **Linda Steere**			Director Name: **Michelle Komar**		
Street Address: **c/o Applied Bio-Systems, Inc., P.O. Box 98**			Street Address: **80 Audubon Road**		
City: **West Kingston**	State: **RI**	Zip: **02892**	City: **Warwick**	State: **RI**	Zip: **02888**
Director Name: **David R. Westcott**			Director Name:		
Street Address: **c/o Masson & Associates, 771 Plainfield Pike**			Street Address:		
City: **North Scituate**	State: **RI**	Zip: **02857**	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.

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
Bruce S. Ahern, Treasurer	**08/10/2018**

Signature of Officer/Authorized Representative: Bruce S. Ahern

SIGN DOCUMENT: **FILED**

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BY 336888

MAIL TO:
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Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017