



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

Annual Report for the year: 2019
 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.

SECRETARY OF STATE
 CORPORATION DIVISION

2019 APR 23 AM 11:56

1. Entity ID Number 000026569		2. Exact name of the Corporation EAST PROVIDENCE LAND CONSERVATION TRUST			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island ENVIRONMENT CONSERVATION			
4. NAICS Code 813312					
6. Principal Office Address 225 PLEASANT ST			City RUMFORD	State RI	Zip 02916
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JASON PARMENTAL			Vice-President Name GREG LUIZ		
Street Address 31 HOPE ST			Street Address 82 MILLER AVE		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Secretary Name JANET BACHE			Treasurer Name FRED RAYWAY		
Street Address 1 CARRIAGE LANE			Street Address 225 PLEASANT ST		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
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 STANLEY WESCOTT			Director Name PATRICK CAREY		
Street Address 106 MILLER AVE			Street Address 175 PAVILION AVE		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Director Name JASON PARMENTAL			Director Name		
Street Address 31 HOPE ST			Street Address		
City RUMFORD	State RI	Zip 02916	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 FRED RAYWAY, TREASURER					Date 4/23/19
Signature of Officer/Authorized Representative 					FILED

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

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