



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

Annual Report for the year:

2018

Non-Profit Corporation

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SECRETARY OF STATE
CORPORATIONS DIV

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- 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 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 LUZZ	
Street Address 31 HOPE ST		Street Address 82 MILLER AVE	
City RUMFORD	State RI	City RUMFORD	State RI
Zip 02916		Zip 02916	
Secretary Name JANET BACHE		Treasurer Name FRED RASWAY	
Street Address 1 CARRIAGE LANE		Street Address 225 PLEASANT ST	
City RUMFORD	State RI	City RUMFORD	State RI
Zip 02916		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	City RUMFORD	State RI
Zip 02916		Zip 02916	
Director Name JASON PARMENTAL		Director Name	
Street Address 31 HOPE ST		Street Address	
City RUMFORD	State RI	City	State
Zip 02916		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 RASWAY, 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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