



**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

**Foreign Non-Profit  
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:** 2019

**1. Corporate ID No.** 001682017

**2. Name of Corporation** WILDLIFE MANAGEMENT INSTITUTE INCORPORATED

**3. State of Incorporation**

State: NY

**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

6

813312

**4. Corporate Address in Rhode Island**

No. and Street: 450 VETERANS MEMORIAL PKWY

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

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

No. and Street: 4426 VT ROUTE 215N

City or Town: CABOT State: VT Zip: 05647 Country: USA

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

CONVERSATION, ENHANCEMENT AND MANAGEMENT OF WILDFILE AND OTHER  
NATURAL RESOURCES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	STEVE WILLIAMS	4426 VT ROUTE 215N CABOT, VT 05647 USA
VICE PRESIDENT	SCOT WILLIAMSON	4426 VT ROUTE 215N CABOT, VT 05647 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**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 20 Day of May, 2019 at 2:59:10 PM 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 SCOT J. WILLIAMSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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