RI SOS Filing Number: 201996061550 Date: 6/7/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

| Annual Report for the year: | 9.40 |
|-----------------------------|------|
| Non-Profit Corporation      | 2019 |

FILED

Filing period: June 1 - June 30 Filing Fee: \$20.00

0 7 2019

| → Penalty: Additional \$25.00 fee if form is not filed by July 30.   |   |   |                              |                |  |
|--|---|---|------------------------------|----------------|--|
| 1. Entity ID Number<br>0000 85858  | 2. Exact name of the Corporation The Rhode Island Association of Conservation Districts |   |                              |                |  |
| 3. State of Incorporation  | 5. Brief description of the character of business conducted in Rhode Island             |   |                              |                |  |
| $\mathcal{RI}$   | To Improve The Quality of Life and the Envioronment                                     |   |                              |                |  |
| 4. NAICS Code  | <b> </b> ' '  |   |                              |                |  |
| 813312   |   |   |                              |                |  |
| 6. Principal Office Address  |   | City  | State                        | Zip            |  |
| 2283 Hartfor   | d Ave   | Johnston  | RI                           | 02919          |  |
| 7. List ALL officers (names and addresses)  Check the box to indicate an attachm   |   |   |                              |                |  |
| President Name Diek Went (Richard)   |   | Vice-President Name Cassius Spears, Sr                          |                              |                |  |
| Street Address 5 Anan W  |   | Street Address 15 Oak St.                                       |                              |                |  |
| City N. Scituate   | State RT Zip 02857  | City Ashaway  | State RF                     | Zip 02804      |  |
| Secretary Name Jean Lync   | Treasurer Name  |   | 0                            |                |  |
| Street Address 32 Salina   | Ave Street Address Chachapa   |   | chapaca                      | ss <i>e</i> tt |  |
| <sup>chy</sup> Johnston  | State RI Zip 02919  | City Barrington   | State RI                     | Zip 2806       |  |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment  |   |   |                              |                |  |
| Director Name Nancy Parke  | Nancy Parker Wilson   |   | Director Name Antonia Bryson |                |  |
| Street Address 582 Wapping Rd,   |   | Street Address PO Box 83  |                              |                |  |
| City Ports mouth   | State RI Zip 0287/  | chyShannock   | State $\mathcal{RI}$         | ZIP02875       |  |
| Director Name Norm Hammond   |   | Director Name Clark Collins                                     |                              |                |  |
| Street Address 25 Hartford Rike  |   | Street Address 2520 Kingston Rd.  City 1/2 + State p = Zip 2521 |                              |                |  |
| city Foster  | State RI Zip 02825  | city Kingston   | State RI                     | Zip 0288/      |  |
| 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, Socretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.                                  |   |   |                              |                |  |
| Name of Officer/Authorized Representative  |   |   | ,                            |                |  |
| Jean Lynch   |   |   | 6/4//                        | 9              |  |
| Signature of Officer/Authorized Representative  Flan Synch Survitary   |   |   |                              |                |  |
| Thur January   |   |   |                              |                |  |

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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