



RI SOS Filing Number: 201996236110 Date: 6/10/2019 4:00:00 PM

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

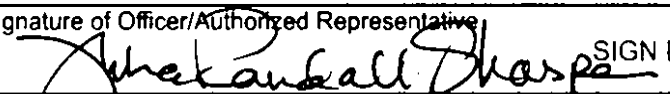
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

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JUN 10 2019

BY

1. Entity ID Number 000026545		2. Exact name of the Corporation Narrow River Land Trust, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Preserve and Protect Conservation Lands in the Narrow River Watershed.			
4. NAICS Code 813312 - Environment, Co					
6. Principal Office Address P.O. Box 65		City Saunderstown	State RI	Zip 02874	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Julia Sharpe			Vice-President Name David Borkman		
Street Address 471 Carpenter Lane			Street Address 1045 Gilbert Stuart Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Robert MacMillan			Treasurer Name Daniel Carter		
Street Address 66 Pinecrest Drive			Street Address 192 Indian Corner Road		
City North Kingstown	State RI	Zip 02852	City Narragansett	State RI	Zip 02882
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 Nick Ernst			Director Name Maura Sayre		
Street Address 30 Grove Avenue			Street Address 77 Kelley Road		
City Westerly	State RI	Zip 02891	City Saunderstown	State RI	Zip 02874
Director Name Craig Wood			Director Name Sheldon Pratt		
Street Address 70 Edgewater Road			Street Address 13 Sherman Court		
City Narragansett	State RI	Zip 02882	City South Kingstown	State RI	Zip 02879
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Julia Randall Sharpe				Date 6/6/2019	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

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

FORM 631 - Revised: 03/2019