

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	
STA 1 0 2019	
BY I JULY) .

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation				
000026545	Narrov	Narrow River Land Trust, Inc.				
3. State of Incorporation	5. Brief desc	ription of the charac	ter of business conducted in Rhoo	de Island		
RI	Preserve a	Preserve and Protect Conservation Lands in the Narrow River Watershed.				
4. NAICS Code						
813312 - Environment, Co	- □					
6. Principal Office Address			City	State	Zip	
P.O. Box 65			Saunderstown	RI	02874	
7. List ALL officers (names an				Check the box to indi	cate an attachment	
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 a	and addresses). RI (Corporations MUST	list at least THREE directors.	Check the box to indi	icate an attachment	
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 informat	ion is currently of reco	rd in the Department of State. Change	es require filing Form 6	541.	
Under penalty of perjury, I o statements, and that all stat			ed this report, including any acc d correct.	companying sched	fules and	
		ent, Secretary, Assistant	Secretary, Treasurer, duly Authorized Repre	sentative, Receiver or Tri	uslee	
Name of Officer/Authorized Representative Julia Randall Sharpe				Date 6/6/2019		
Signature of Officer/Authorized	d Representative	as psign dod	CUMENT HERE	···	·	

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov