



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

FILED
 JUL 08 2019 AM 10:28
 522

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.

1. Entity ID Number 11228		2. Exact name of the Corporation Land Conservancy of North Kingstown			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Preservation of open space and public education regarding environmental issues			
4. NAICS Code 813312 - Environment, Cons					
6. Principal Office Address 52 Lake Drive		City North Kingstown		State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kathy Vigness-Raposa			Vice-President Name Michael Bradley		
Street Address 20 Boyer Street			Street Address 22 Charlene Court		
City North Kingstown		State RI	Zip 02852	City North Kingstown	
		State RI	Zip 02852	State RI	
		Zip 02852			Zip 02852
Secretary Name Ken Raposa			Treasurer Name Glen Stinson		
Street Address 20 Boyer Street			Street Address 52 Lake Drive		
City North Kingstown		State RI	Zip 02852	City North Kingstown	
		State RI	Zip 02852	State RI	
		Zip 02852			Zip 02852
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 Walter Berry			Director Name Lance Comeau		
Street Address 83 Brookside Drive			Street Address 75 New Lexington Road		
City North Kingstown		State RI	Zip 02852	City North Kingstown	
		State RI	Zip 02852	State RI	
		Zip 02852			Zip 02852
Director Name Gidget Loomis			Director Name Everett Stuart		
Street Address 140 Duck Cove Road			Street Address 406 Stony Lane		
City North Kingstown		State RI	Zip 02852	City North Kingstown	
		State RI	Zip 02852	State RI	
		Zip 02852			Zip 02852
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 Glenn W. Stinson, Treasurer				Date June 28, 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.n.gov