



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

FILED

MAY 21 2020

BY 3278

Annual Report for the year: **2020**

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 001697531		2. Exact name of the Corporation Eastern Rhode Island Conservation District			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island It provides financial and technical services for natural resource concerns.			
4. NAICS Code 541101					
6. Principal Office Address 2283 Hartford Ave		City Johnston	State RI	Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name Beverly Migliore		Vice-President Name Nancy Parker Wilson			
Street Address 36 Heritage Drive		Street Address 36 Heritage Drive			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Jessica Freedman		Treasurer Name Brenda Mottram			
Street Address 36 Heritage Drive		Street Address 36 Heritage Drive			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
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 Beverly Migliore		Director Name Nancy Parker Wilson			
Street Address 36 Heritage Drive		Street Address 36 Heritage Drive			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Jessica Freedman		Director Name Brenda Mottram			
Street Address 36 Heritage Drive		Street Address 36 Heritage Drive			
City Portsmouth	State RI	Zip 0287	City Portsmouth	State RI	Zip 02871
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 Sara Churgin				Date 5/18/20	
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