



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

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.

FILED

JUN 11 2020

BY

1023 OS

1. Entity ID Number 000699140		2. Exact name of the Corporation Rhode Island Nursery and Landscape Institute			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To educate the public about horticulture and good land stewardship.			
4. NAICS Code 813312 - Environment, Co					
6. Principal Office Address PO Box 984			City West Kingston	State RI	Zip 02892
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Maria Mack			Vice-President Name		
Street Address 1754 Mooresfield Road			Street Address		
City Kingston	State RI	Zip 02882	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Catherine Weaver			Director Name Chad Johnson		
Street Address 386 Dry Bridge Road			Street Address 240 Pipplin Orchard Road		
City North Kingstown	State RI	Zip 02852	City Cranston	State RI	Zip 02921
Director Name Alicia Donadio			Director Name		
Street Address PO Box 36			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
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 Shannon Brawley					Date 6/02/2020
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