

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 134467 MOUNT TOM LAND TRUST, INC. 3. State of Incorporation 4. Corporate address in Rhode Island -Street Address **RHODE ISLAND** 2 MULLIN HILL ROAD 02857-LITTLE COMPTON 5 Foreign corporation: Enter principal office address State Zip 6. Brief Description of the character of the offairs which are actually conducted in Rhode Island CONSERVATION AND MANAGEMENT OF LAND AND ASSOCIATED EDUCATION ACTIVITIES. President Name Vice President Name Francis B. Sargent, Jr .Peter Winne Street Address Street Address 450 Vets Memorial Parkway .26 Faria Way City State City ZipState Ea Providence RΙ 02914 Tiverton RΙ 02837 Secretary Name Treasurer Name Joel Flather Carl F. Corbett Street Address Street Address 2 Mullin Hill Dr .295 Merry Mount Dr City State City State 7sp Little Compton RI 02837 Warwick RΙ 02888 Director Name Director Name Francis B. Sargent, Jr. Peter Winne Street Address .Street Address see above sec above City State Zip ·City Since Director Name Director Name Joel Flather Carl F Corbett Street Address ·Street Address See above see above State .Ciry Zıp State Zin washing a children and the control of the control o Address Joel Flather Address Zip 2 Mullin Hill Rd Little Compton, RI 02837 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date

OCT 1 1 2005

By:

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Print or Type Name of Officer

Title of Officer

Form 631 Rev 6/02



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

# 1 3 4 6 7 *  File Date  JUN 2 4 2004  Check No	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
	Signature of Officer  Signature of Officer  Signature of Officer
	Print or Type Nume of Officer  TRUSUREIR
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 04/04