RI SOS Filing Number: 202198228820 Date: 6/11/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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 2021
BY 792 OS

1. Entity ID Number	2. Exact name of the Corporation
000085858	The Rhode Island Association of Conservation Districts
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To Improve The Quality of Life and The Environment
4. NAICS Code: 813312	

6. Principal Office Address	City	State	Zip
2283 Hartford Ave.	Johnston	RI	02919

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Cassius Spears Sr. SD			Vice-President Name: Beverly Migliore ED		
Street Address: 15 Oak St.			Street Address: 51 Chachapaca ssett		
City: Ashaway	State: RI	Zip: 02804	City: Barrington	State: RI	Zip: 02806
Secretary Name: Jean Lynch ND			Treasurer Name: Marc Tremblay ND		
Street Address: 32 Salina Ave.			Street Address: 303 Court House Ln.		
City: Johnston	State: RI	Zip: 02919	City: Burrillville	State: RI	Zip: 02859

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Dick Went ND			Director Name: Jean Gagnier SD		
Street Address: 5 Ann Wade Rd.			Street Address: 6 Narragansett St		
City: No. Scituate	State: RI	Zip: 02857	City: Westerly	State: RI	Zip: 02891
Director Name: Clark Collins SD			Director Name: Jessica Freedman ED		
Street Address: 2520 Kingston Rd			Street Address: 21 South lake Rd		
City: Kingston	State: RI	Zip: 02881	City: Tiverton	State: RI	Zip: 02878

9. The Registered Agent information of record with the RI Department of State is accurate. 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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Jean Lynch	6-3-2021

Signature of Officer/Authorized Representative: Jean Lynch

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020