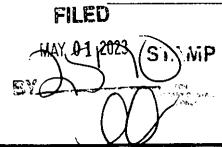


State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

→ Filing period: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Corporation				
000084387	CHARLESTOWN LAND TRUST				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
₽.T-	ORGANIZED EXCLUSIVELY FOR				
4. NAICS Code	CHARITABLE PURDOSES				
813312			,		
6. Principal Office Address	0.5.		City	State	Zip
50 Bend ROAD P.O. DOX 1387			CHARLESTOWN	RI	02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name DAVID FREDRIKSON			Vice-President Name PATRICE FENTON		
Street Address 501 STONY FORT RD			Street Address		
City SAUNDER STORMS	State P.T	Zio 02874	City CHARLESTOWN	State	Zip 0254,2
Secretary Name JANE BURNS			Treasurer Name JOHN VARAGION		
Street Address 112 WARREN RD.			Street Address 12 KING Tom Daive		
CHARLESTON	State	Zip C2813	CHALICSTOWN	State R +	Z10 CZ 281/3
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					
Check the box to indicate an attachment Director Name					
ANGELA BRUNCTI			KATHERING SIESON		
Street Address 10 C Butter LN			Street Address P.O. BOX GIH		
City CHARICSTOURD	State (Zip CXXIZ	CHARICSTORM	State R. I	Zip 02813
Director Name Keith UILLINGSECK			Director Name LINDA BOBACIL		
Street Address 5 SKAGERRAK RD			Street Address 71 ARBUTTLE TRAIL		
City CHARLES TOWNS	State R.I	Zip 02813	CHANZIESTOWN	State P.I	Zip 02813
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	
(127/23)					3
Signature of Officer/Authorized Representative					

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov