



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 01 2023
BY [Signature]
STAMP

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.

1. Entity ID Number 000084387		2. Exact name of the Corporation CHARLESTOWN LAND TRUST			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES			
4. NAICS Code 813312					
6. Principal Office Address 50 BEND ROAD P.O. BOX 1387		City CHARLESTOWN		State R.I.	Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID FREDRIKSON			Vice-President Name PATRICE FENTON		
Street Address 501 STONY FORT RD			Street Address P.O. BOX 87		
City SPAUNSETTOWN	State R.I.	Zip 02874	City CHARLESTOWN	State R.I.	Zip 02813
Secretary Name JANE BURNS			Treasurer Name JOHN VARADIAN		
Street Address 112 WARREN RD.			Street Address 12 KING TOM DRIVE		
City CHARLESTOWN	State R.I.	Zip 02813	City CHARLESTOWN	State R.I.	Zip 02813
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"/>					
Executive Director Name ANGELA BRUNETTI			Director Name KATHERINE GIBSON		
Street Address 10 C BUTTER LN			Street Address P.O. BOX 614		
City CHARLESTOWN	State R.I.	Zip 02813	City CHARLESTOWN	State R.I.	Zip 02813
Director Name KEITH KILLINGBECK			Director Name LINDA BOBACK		
Street Address 5 SKAGERRAK RD			Street Address 71 ARGUTUS TRAIL		
City CHARLESTOWN	State R.I.	Zip 02813	City CHARLESTOWN	State R.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 JOHN VARADIAN				Date 4/22/23	
Signature of Officer/Authorized Representative [Signature]					

MAIL TO:
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