



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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.

2023 MAY 11 PM 12:17

1. Entity ID Number 000798133		2. Exact name of the Corporation Providence Neighborhood Planting Program			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To engage in programs to support the tree canopy in Providence Rhode Island and its neighboring communities, planting of street trees and related activities.			
4. NAICS Code 813112					
6. Principal Office Address C/O Providence Forestry, 1000 Elmwood Ave			City Providence	State RI	Zip 02905
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Sarah Sharpe			Vice-President Name		
Street Address 680 Sudbury Rd			Street Address		
City Concord	State MA	Zip 01742	City	State	Zip
Secretary Name			Treasurer Name Fraser Gilbane		
Street Address			Street Address 36 Berwick St		
City	State	Zip	City East Providence	State RI	Zip 02916
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Sarah Sharpe			Director Name Fraser Gilbane		
Street Address 680 Sudbury Rd			Street Address 36 Berwick St		
City Concord	State MA	Zip 01742	City East Providence	State RI	Zip 02916
Director Name Sheila Dormody			Director Name		
Street Address 61 Enfield Ave			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
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 Cassie Tharinger				Date 5/9/23	
Signature of Officer/Authorized Representative 				FILED MAY 11 2023	

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

BY Confirm # 1035441