RI SOS Filing Number: 202565596800 Date: 2/17/2025 4:00:00 PM



State of Rhode Island **Department of State - Business Services Division**

FILED

Annual Report for the year: 2025 Non-Profit Corporation

-> Filing period: February 1 - May 1

FEB 17 2025

→ Filing Fee: \$20.00

→ Penalty: Additional \$25 00 fee if form is not filed by May 31.

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1. Entity ID Number 001755361	2. Exact name of the Corporation Rhode Island Mycological Society				
State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island The promotion, study, and exchange of information about the kingdom Fungi in Rhode Island through a variety of educational outreach efforts bringing together amateur and professional mycologists as well as				
4 NAICS Code 813312					
6. Principal Office Address PO Box 152	·			State RI	Zip 02857
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name None			Vice-President Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Hilary Downes Fortune			Treasurer Name Mary-Jane Verdier		
Street Address 19 Biscuit Hill Rd			Street Address 44 Cook Rd		
City Foster	State RI	^{Zip} 02825	^{City} Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Deana Thomas			Director Name Patrick Verdier		
Street Address 948 Chopmist Hill Rd			Street Address 44 Cook Rd		
^{City} North Scituate	State RI	^{Zip} 02857	city Cumberland	State RI	Zip 02864
Director Name Ryan Lagace			Director Name Steven Mikulski		
Street Address 575 Central St			Street Address 171 Dexter Lane		
City Mapleville	State RI	^{Zip} 02839	^{City} North Scituate	State RI	Zip 02857
9. The Registered Agent informatio	n of record with th	e RI Department c	of State is accurate. Changes requir	e 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	
Patrick Verdier				02/10/2025	
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 ri gov