RI SOS Filing Number: 202566186910 Date: 3/4/2025 3:42:00 PM



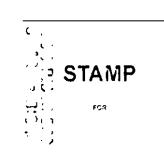
State of Rhode Island

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.



1 Entity ID Number 000029693	Exact name of the Corporation Rhode Island Christmas Tree Growers Association				
3. State of Incorporation RI 4. NAICS Code 111421	5. Brief description of the character of business conducted in Rhode Island An organization of farmers who grow and sell Christmas Trees for sale who have joined for marketing, information and best practices sharing				
Principal Office Address 191 Main Road			City Tiverton	State RI	Zıp 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Eric Watne			Vice-President Name Karen Menezes		
Street Address 4191 Main Road			Street Address 73 Middle Road		
^{City} Tiverton	State RI	^{Zıp} 02878	^{Crty} Portsmouth	State RI	^{Z_{1p}} 02871
Secretary Name John Leyden			Treasurer Name Emily Watne		
Street Address 179 Plain Meeting House Road			Street Address 4191 Main Road		
^{City} West Greenwich	State RI	^{Zıp} 02817	^{City} Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Bob Johnson			Director Name Jeanie Bento		
Street Address 97 South Lake Road			Street Address 4484 Main Road		
^{City} Tiverton	State RI	^{Zıp} 02878	^{City} Tiverton	State RI	Zip U2010
Director Name Catherine Grant Watne			Director Name		
Street Address 4191 Main Road			Street Address		
^{City} Tiverton	State RI	^{Zip} 02878	City	State	Zıp
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			FILED	Date	
Eric Watne				02/27/2025	
Signature of Officer/Authorized)Rep	sentative		MAR 0 4 2025		•

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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