



State of Rhode Island
Department of State - Business Services Division

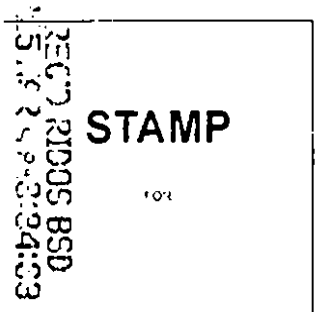
Annual Report for the year: 2020

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		2. Exact name of the Corporation Rhode Island Christmas Tree Growers Association			
3. State of Incorporation RI		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			
4. NAICS Code 111421					
6. Principal Office Address 4191 Main Road			City Tiverton	State RI	Zip 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	Zip 02878	City Portsmouth	State RI	Zip 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	Zip 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	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Catherine Grant Watne			Director Name		
Street Address 4191 Main Road			Street Address		
City Tiverton	State RI	Zip 02878	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, or any other duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Eric Watne				Date 02/27/2025	
Signature of Officer/Authorized Representative 				BY 401dE 339	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov