RI SOS Filing Number: 202566187700 Date: 3/4/2025 3:38:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

Non-Profit Corporation

-> Filing period: February 1 - May 1

Filing Fee. \$20.00

 Penalty: Additional \$25.00 fee of form is not filed by May 31.

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3 85D 3:34:37	FOR

1. Entity ID Number	2. Exact name of the Corporation						
000029693	Rhode Island Christmas Tree Growers Association						
3 State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	An organization of farmers who grow and sell Christmas Trees for sale						
4 NAICS Code	who have joined for marketing, information and best practices sharing						
111421	·		-		_		
6. Principal Office Address	<u> </u>		City	State	Zıp		
4191 Main Road			Tiverton	RI	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	^{Crty} Portsmouth	State RI	Z _{IP} 02871		
Secretary Name John Leyden			Treasurer Name Emily Watne				
Street Address 179 Plain Meeting House Road			Street Address 4191 Main Road				
^{Crty} West Greenwich	State RI	^{Z_{ip}} 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	^{Crty} Tiverton	State RI	Zip U2010		
Director Name Catherine Gran	t 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				Date			
Eric Watne			FILED	02/27/202	5		
Signature of Officer/Authorized Representative 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