RI SOS Filing Number: 202566187890 Date: 3/4/2025 3:37:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018
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

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	Total S not nied by May 51.							
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								
111421	who have joined for marketing, information and best practices sharing							
			·					
Principal Office Address			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	^{Zıp} 02878	City Portsmouth	State RI	^{Ζ_{IP} 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	^{Z_{ip}} 02817	^{City} Tiverton	State RI	^{Z_iρ} 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	5			
Signature of Officer/Authorized Rep	resentative	- -,	MAR 0 4 2025					
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MAIL TO:

Division of Business Services

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

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