

A. Ralph Mollis, Secretary of Sta Corporations Divisie 148 W. River Stre

Providence, RI 02904-26.

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 - 401.222.30-

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.		17.00 by and (10.1.0.1. 7-1	0-71) is subject to a		
O00312517 2. Name of Corporation En VIVOnmental	Insticeleage	re of RI	(EJLRI)		
RI 1192 West-minste	/	Providence	Zib		
5. Foreign corporation. Enter principal office address	City	State	Zip		
5. Brief Description of the character of the affairs which are actually conducted in Rhode Is. advocacy and education	land				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACK	IMENT) THE IN SPACES BE	TEADE HEIRO ATTENDE	(BANKERA)		
President Name Elizabeth Colon Street Address	Vice President Name Sheve Fisch back				
1192 Westminsterst.	Street Address 56 Pin		hfloor		
Providence RI "02909	Providence	State R 1	^{Zip} 02903		
Jeffrey Whittaker	Treasurer Name Molly	Clark			
Street Address 863 Main St. #2	Street Address 260 WEST	Exchange	St. Spite		
East-Greenwich RI 2102818	Providence	State R(02903		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTAC THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) (CHMENT) FILL IN SPACES BI CORPORATION <u>SHALL NOT B</u>	EFORE USING ATTACH E LESS THAN THREE	IMENTS (3). <i>R.I.G.L. 7-6-23</i>		
Greg Gernitt	Director Name Everet Muhammad				
street Address 37 6th St.	Comment 4 . I. I.	airie A			
Providence state R1 2406	Providence	State /	02905		
Director Name Rochelle Lee	Director Name Liberty	Goody	ijn		
street Address 172 Ontavio St.	Street Address 30 Ba	yard St.			
Providence R1 02907 9. REGISTERED AGENT IN RHODE ISLAND	Providence	State R 1	02906		
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					
This report must be signed by either the President, Vice Pres.	ident, Secretary, Assistant Secre	etary, Treasurer, Receive	er or Trustee		

File Date		ILED				
	JUN					
Ву	Ву	10	16	,		
	FOR SECR	ETARY OF	STATE	USE ON	ΙLΥ	

Under penalty of perjury, I declare and affir report, including any accompanying schedule	m that I have examined this
statements) contained herein are true and corre	ect.
Signature of Officer	Date
Elizabeth Colón	
Print or Type Name of Officer	
Board President	
Title of Officer	