



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*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.*

**ANNUAL REPORT YEAR:** 2011

**1. Corporate ID No.** 000072186

**2. Name of Corporation** COMMUNITY DEVELOPMENT TRADING GROUP

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 117 BELLEVUE AVENUE

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ENGAGE IN TRAINING PERSONS IN THE FIELD OF GLOBAL ENVIRONMENTAL ISSUES, TECHNOLOGIES AND LAWS IMPACTING ECONOMIC AND COMMUNITY DEVELOPMENT AND EDUCATION.

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	LINDA NILSSON	6 OCEAN AVE JAMESTOWN, RI 02835 USA
DIRECTOR	MARY GOODING	313 TAPPAN STREET #3 BROOKLINE, MA 02445 USA
DIRECTOR	GREG CORTES	4111 BUCKINGHAM PLACE COLLEYVILLE, TX 76034 USA
DIRECTOR	CHARLES CARVER	UNIVERSITY OF MIAMI, PO BOX 248185 CORAL GABLES, FL 33124 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LINDA R. NILSSON 117 BELLEVUE AVENUE NEWPORT , RI 02840

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.**

**Signed this 2 Day of June, 2011 at 6:21:16 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LINDA NILSSON  
Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or  
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07

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