

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAIL		S REPORT BY JU	TET 30 WILL RE	SULTIN A \$25.00	JPENALIYF	EE.		
1. Entity ID No.	2. Exact name of th			A		Λ		
572009		t Get			Islan	L,=	Inc	· .
State of Incorporation	1 -	of the character of bu		in Rhode Island	1 0			
To assist in esta				Rhode I		15 A		
leader in green transportation.								
5. Principal office address	,	770	City O Lau	N V V V V	State	Zip		
626 Angell St.			1 Ytoui	dence	KI	02	2906	<u></u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)								
President Name			Vice-President N	larne				
Albert Dahlberg								
Street Address 626 Angell St.			Street Address					
city Brovidence	State	zip 02906	City		State	Zip		
Secretary Name	MILL	·	Treasurer Name		1/			
Jessica	Milla			lim tin	LK.			
Street Address 15 Titta	ny Cita	ele	Street Address	rgatory	Rd.		_	
city Barrington	RI	008 SO6	City Exe	ter	State		≥82	
7. LIST ALL DIRECTORS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRESSI	ES). RHODE ISLAND	CORPORATION	SMUST LIST NO	LESS THAN TI	IREE (3	) DIRÉC	TORS
Director Name Albert	Dahlk	eta	Director Name_	Tim Fin	ıK			
Street Address 626 X	Ingell 5	57 O	Street Address	Jantory	Rd		20	
City Brovidence	State	02906	City EXe	ter	State	Zip 0 2	<del>~</del> ₹	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Director Name Jessica	a Milla	1	Director Name				N 29	
Street Address 15	any Cit	cle	Street Address				PH	101
city Barrington	State プログラ	02806	City	<u> </u>	State	Zip	<u> </u>	00
B. REGISTERED AGENT IN RHO	Service and the service of the servi	Here of the second		resilient proje	100	ASSESS TO		T i
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.  This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee								
This report must be sig	ned by either the Pr	esident, Vice-Preside	ent, Secretary, Ass	istant Secretary, Tre	asurer, Receive	er or Trus	stee	
	Ç							

FILED	
File Date: JUN 29 2012 Check No.	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 berein are true and correct.
FOR SECRETARY OF STATE USE ONLY 29-173 957	Signature of Officer  Albert Dahlberg  Date
Form No. 631 .	Print or Type Name of Officer  VeSident T

Revised: 05/2012

Title of Officer