RI SOS Filing Number: 201442200520 Date: 07/02/2014 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
31517	Environmental Justice League of Rhode Island
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Education and Advocacy on environmental issues in RI's core urban areas.

5. Principal office address	City	State	Zip
1192 Westminster St.	Providence	RI	02909

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Sundeep Sood	Misty Wilson
Street Address: 43 Moore St.	Street Address: 214 Broad St. 2nd flr.
City: Providence State: RI Zip: 02907	City: Cumberland State: RI Zip: 02864
Secretary Name	**Treasurer Name**
Holly Dygert	Pamis Wise
Street Address: 16 Minto St.	Street Address: 11 Exeter St.
City: Providence State: RI Zip: 02908	City: Providence State: RI Zip: 02906

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Steve Fischbach	Rochelle Lee
Street Address: 56 Pine St 4th Flr	Street Address: 172 Ontario St.
City: Providence State: RI Zip: 02903	City: Providence State: RI Zip: 02907
Director Name	**Director Name**
Laura Brion	Elizabeth Hoover
Street Address: 1192 Westminster St.	Street Address: Box 1886, Brown University
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02912

8. REGISTERED AGENT IN RHODE ISLAND
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, duly Authorized Representative, Receiver or Trustee

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BY

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative — Date: 6/30/14

Amelia Rose, Co-Director
Print or Type Name of Officer or Authorized Representative

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