



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: 2014

1. Corporate ID No. 000080634

2. Name of Corporation THE APEIRON INSTITUTE FOR SUSTAINABLE LIVING

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 519 ATWELLS AVE., FIRST FLOOR

City or Town: PROVIDENCE

State: RI Zip: 02909 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 CREATE AND SUPPORT PROJECTS, IDEAS, AND ORGANIZATIONS WORKING TOWARD THE PROTECTION, PRESERVATION AND PROSPERITY OF THE EARTH AND THE VARIOUS FORMS OF LIFE THAT INHABIT IT.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JU-PONG LIN	130 LANCASTER ST. PROVIDENCE, RI 02906 USA
TREASURER	MICHAEL LESHINSKY	240 LAFAYETTE STREET

		PAWTUCKET, RI 02860 USA
SECRETARY	ALANNA GREEN	35 BURLINGTON ST. PROVIDENCE, RI 02906 USA
VICE PRESIDENT	REBEKAH GREENWALD-SPECK	180 HIGHLAND AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	MATTHEW STONE	35 WOODBINE ST. PROVIDENCE, RI 02906 USA
DIRECTOR	ALEXA LEBOEUF	49 IONA STREET PROVIDENCE, RI 02908 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**

MARK A. KRAVATZ 451 HAMMET ROAD COVENTRY , RI 02816

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

Signed this 28 Day of July, 2014 at 5:51:20 PM by the authorized person. *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 company, 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 MARYELLEN SNYDER MALLOY
Signature of Authorized Person

Form No. 631
Revised 09/07

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