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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
000072186	Community Development Trading Group
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	To engage in training persons in global environmental issues technologies, and laws impacting economic and community development and education.

5. Principal office address	City	State	Zip

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

President Name	Vice-President Name
Linda R Nilsson	
Street Address	**Street Address**
6 Ocean Ave	
City / State / Zip	**City / State / Zip**
Jamestown / RI / 02835	
Secretary Name	**Treasurer Name**
Greg Cortes	Mary Sooding
Street Address	**Street Address**
4111 Buckingham Place	209 Narragansett Ave
City / State / Zip	**City / State / Zip**
Colleyville / TX / 76034	Jamestown / RI / 02835

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
Charles Carver	Linda R Nilsson
Street Address	**Street Address**
University of Miami, PO Box 248185	6 Ocean Ave
City / State / Zip	**City / State / Zip**
Coral Gables / FL / 33124	Jamestown / RI / 02835
Director Name	**Director Name**
Greg Cortes	Mary Gooding
Street Address	**Street Address**
4111 Buckingham Place	209 Narragansett Ave
City / State / Zip	**City / State / Zip**
Colleyville / TX / 76034	Jamestown / RI / 02835

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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File Date _____

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By: _____

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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.

Linda R. Nilsson
Signature of Officer or Authorized Representative Date

Linda R. Nilsson
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

110234-2-962540