



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: 2015

1. Corporate ID No. 000072186

2. Name of Corporation ENVIRONMENTAL AWARENESS FOUNDATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 6 OCEAN AVENUE

City or Town: JAMESTOWN

State: RI

Zip: 02835

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	MARY GOODING	313 TAPPAN STREET #3 BROOKLINE, MA 02445 USA
DIRECTOR	GREG CORTES	4111 BUCKINGHAM PLACE

		COLLEYVILLE, TX 76034 USA
DIRECTOR	FEDERICO GORDO	COND. GARDEN VALLEY CLUB, 3950 CARR. 176, APT 84 SAN JUAN, PR 00926 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 6 OCEAN AVENUE JAMESTOWN , RI 02835

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

Signed this 5 Day of June, 2015 at 11:26:27 AM 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 LINDA NILSSON
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations
All Rights Reserved