



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 **2012**

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. 81771		2. Exact name of the Corporation CLEAN WATER FUND			
3. State of Incorporation DC		4. Brief description of the character of business conducted in Rhode Island CWF is a non profit research and education organization. CWF promotes the public interest on issues relating to water, waste, toxins, and natural resources.			
5. Principal office address 741 Westminster St		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Wendelgass		Vice-President Name			
Street Address 1010 Vermont Ave NW, Suite 400		Street Address			
City Washington	State DC	Zip 20005	City	State	Zip
Secretary Name Dianne Akabli		Treasurer Name Katharine Reid Koeze			
Street Address 23885 Denton St, Suite B		Street Address 3211 Bonnell Ave SE			
City Clinton Twp	State MI	Zip 48036	City Grand Rapids	State MI	Zip 49506
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Maxine Lipeles		Director Name William Fontenot			
Street Address One Brookings Dr		Street Address 632 Drehr Ave			
City St Louis	State MO	Zip 63130	City Baton Rouge	State LA	Zip 70806
Director Name David Hahn-Baker		Director Name Kathleen E Aterno			
Street Address 440 Lincoln Parkway		Street Address 23885 Denton St, Suite B			
City Buffalo	State NY	Zip 14216	City Clinton Twp	State MI	Zip 48036
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

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.

FILED

AUG 31 2015

Signature of Officer or Authorized Representative

8/28/2015

Date

Kathleen E Aterno-Corporate Assistant Secretary

Print or Type Name of Officer or Authorized Representative