



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 **2009**

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 Peter Lockwood		Vice-President Name John DeCock			
Street Address One Thomas Circle NW		Street Address 1010 Vermont Ave NW, Ste 1100			
City Washington	State DC	Zip 20005	City Washington	State DC	Zip 20005
Secretary Name Dianne Akabli		Treasurer Name			
Street Address 23885 Denton St, Suite B		Street Address			
City Clinton Twp	State MI	Zip 48036	City	State	Zip
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 Kate Reid Koeze		Director Name William Fontenot			
Street Address 3211 Bonnell Ave SE		Street Address 632 Drehr Ave			
City Grand Rapids	State MI	Zip 49506	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

Form No. 631
Revised: 04/2014

FILED
AUG 31 2015
By **AOE 11:47am**
255509

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.

Kathleen E Aterno 8/28/2015
Signature of Officer or Authorized Representative Date

Kathleen E Aterno-Corporate Assistant Secretary
Print or Type Name of Officer or Authorized Representative