

State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



2016 HIN -2 AM II: 50

Non-Profit Corporation Filing period: June 1 - June 30	Annual Rep	ort for the y	ear: 2016	במות לו לו	u-c mun: o	
Filing Fee: \$20.00 *FAILURE		REPORT BY J	ULY 30 WILL RESULT IN A	\ \$25.00 PENAL	TY FEE	
1. Entity ID Number	2. Exact name of the Corporation					
26728	Ecolo	gy Acti	Island			
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island						
5. Principal Office Address			City	State	Zip	
835 Westminster St			Providence	RI	02903	
6. List ALL officers (names and a	ddresses)		Check the box to indicate an attachment			
President Name James O'Connell			Vice-President Name Jeff Bob			
Street Address 61 Broad Wall			Street Address 2400 DIVISION S			
city East Prov	State RI	Zip	Cast Greenwich	State R	Zip	
Secretary Name Elizabeth Cameron			Treasurer Name Flizabeth Cameron			
Street Address BOX 6423			Street Address Box 6423			
CityProv	State RI	Zip	CityProv	State	02940	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Erant Dulgarian			Director Name Barry Schiller			
Street Address 20 Exeter St			Street Address 7L Sunset AV			
city Prov	State R	Zip	City NO Prov	State RI	Zip	
Director Name Lino Cardanha			Director Name			
Street Address 45 Methyl Si			Street Address			
City Prov	State R	Zip	City	State	Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.						
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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative				Date		
Elicabeth Dogan) Cameron, Treaswer Signature of Officer/Authorized Representative				6-2-	16	
Signature of Officer/Authorized Representative Cypleth Dair Come un						
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Form No. 631 Revised: 2016

FILED JUN 02 2016