



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

Foreign Non-Profit
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: 2016

1. Corporate ID No. 001657860

2. Name of Corporation Upstream Policy Institute, Inc.

3. State of Incorporation

State: GA

4. Corporate Address in Rhode Island

No. and Street: 342 WARWICK NECK ROAD

City or Town: WARWICK

State: RI Zip: 02889 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 2000 RIVEREDGE PKWY. NW, STE 885

City or Town: ATLANTA State: GA Zip: 30328 Country: US

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO DEVELOP AND COMMUNICATE A STRONG FRAMEWORK AND BUILD A CONSTITUENCY FOR PRODUCT FOCUSED ENVIRONMENTAL PILOCIES THAT ADVANCE SUSTAINABLE PRODUCTION AND CONSUMPTION AND GOOD GOVERNANCE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARK HAYS	436 LURAY PLACE NORTHWEST WASHINGTON, DC 20010 USA
TREASURER	STEVEN SHERMAN	3139 LEWISTON AVENUE BERKELEY, CA 94705 US
SECRETARY	DAVID STITZAHN	3111 37TH PLACE SOUTH

		SEATTLE, WA 98144 US
EXECUTIVE DIRECTOR	MATTHEW PRINDIVILLE	87 PLEASANT STREET ROCKLAND, ME 04841 US
VICE PRESIDENT	DAWN ERLANDSON	2809 LAKE OF THE ISLES PKWY E MINNEANAPOLIS, MN 55408 US

**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**

JAMES RHODES 342 WARWICK NECK AVENUE WARWICK , RI 02889

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

Signed this 17 Day of June, 2016 at 12:47:50 PM 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 MATTHEW PRINDIVILLE
Signature of Authorized Person

Form No. 631
Revised 09/07

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