



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

Annual Report for the year: 2016

Non-Profit Corporation

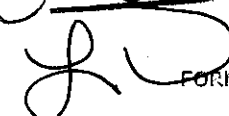
- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000080634		2. Exact name of the Corporation The Apeiron Institute for Sustainable Living			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Non-profit aimed to educate Rhode Islanders on sustainable living.			
5. Principal Office Address 451 Hammet Road		City Coventry		State RI	Zip 02816
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Alanna Green			Vice-President Name Alexa Leboeuf		
Street Address 34 Clifden Ave			Street Address 1810 Chamberlain Ave		
City Cranston	State RI	Zip 02905	City Chattanooga	State TN	Zip 37404
Secretary Name Kate Aubin			Treasurer Name Ju-Pong Lin		
Street Address 39 Moorland Ave			Street Address 90 Glendale Road		
City Cranston	State RI	Zip 02905	City Amherst	State MA	Zip 01002
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name MATTHEW Stone			Director Name Kate Aubin		
Street Address 35 Woodbine St.			Street Address 39 Moorland Ave		
City Prov	State RI	Zip 02906	City Cranston	State RI	Zip 02905
Director Name Tully Bower			Director Name _____		
Street Address 150 Wood St.			Street Address _____		
City Prov	State RI	Zip 02909	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Alanna K. Green				Date 1/6/17	
Signature of Officer/Authorized Representative 					

FILED

JAN 17 2017

BY_

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov