RI SOS Filing Number: 201730417380 Date: 01/17/2017 4:00 PM

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	2. Exact name of the Corporation
000080634	**The Apeiron Institute for Sustainable Living**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Non-profit aimed to educate Rhode Islanders on sustainable living.**

5. Principal Office Address	City	State	Zip
451 Hammet Road	**Coventry**	**RI**	**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 02908	City Cranston	State RI	Zip 02905
Director Name Tally 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.

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
Alanna K. Green	**1/6/17**

Signature of Officer/Authorized Representative Alanna K Green

FILED

JAN 17 2017

BY_ 00404S

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

FORM 631 - Revised: 05/2016