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 2016

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. 10## 30059	2. Exact name of the Corporation **Rhode Island Environmental Health Association**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **Nonprofit Environmental Health** **Education, training, and advocacy for all areas of environmental health in Rhode Island.**

5. Principal office address	City	State	Zip
123 Constitution Street	**Bristol**	**RI**	**02809**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Amie Parris			**Jim Simsmauser**		
Street Address **81 Wood Avenue Apt 2**			Street Address **115 Iroquois Rd**		
City **Woonsocket**	State **RI**	Zip **02895**	City **Narragansett**	State **RI**	Zip **02874**
Secretary Name **Mandy Crowe**			Treasurer Name **Lynda Hoxie**		
Street Address **420 School Street**			Street Address **73 Acorn Lane**		
City **North Kingstown**	State **RI**	Zip **02852**	City **West Warwick**	State **RI**	Zip **02893**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Amie Parris			**Mandy Crowe**		
Street Address **81 Wood Avenue Apt 2**			Street Address **420 School Street**		
City **Woonsocket**	State RI	Zip **02895**	City **North Kingstown**	State **RI**	Zip **02852**
Director Name **Allie Goyette**			Director Name		
Street Address **123 Constitution Street**			Street Address		
City **Bristol**	State **RI**	Zip **02809**	City	State	Zip

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

2017 APR 13 AM 10:06
R.I. DEPT. OF STATE
BUS SVCS DIV

File Date _____
Check No _____
By: _____
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10:07
FILED
APR 13 2017
BY 3008829

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.

Signature of Officer or Authorized Representative — Date 4/10/17

Alexandra Goyette
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014