



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

Annual Report for the year: 2017  
 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 <b>134067</b>		2. Exact name of the Corporation <b>Rhode Island Environment</b>			
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island  <b>NATURAL RESOURCE EDUCATION</b>			
4. NAICS Code <b>61110</b>					
6. Principal Office Address <b>2283 HARTFORD AVENUE</b>		City <b>JOHNSTON</b>		State <b>RI</b>	Zip <b>02919</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DAVID WESTCOTT</b>		Vice-President Name			
Street Address <b>439 ANGELL ROAD</b>		Street Address			
City <b>No. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904-3172</b>	City	State	Zip
Secretary Name		Treasurer Name <b>NORMAN HAMMOND</b>			
Street Address		Street Address <b>25 OLD HARTFORD PIKE</b>			
City	State	Zip	City <b>No. SCITUATE</b>	State <b>R.I.</b>	Zip <b>02857</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>PETER STETSON</b>		Director Name <b>BEVERLY MIGLIORE - RIDEM</b>			
Street Address <b>153 NEW LONDON TPKE</b>		Street Address <b>235 PROMENADE ST.</b>			
City <b>WYOMING</b>	State <b>R.I.</b>	Zip <b>02898</b>	City <b>PROVIDENCE</b>	State <b>R.I.</b>	Zip <b>02908</b>
Director Name <b>PAUL RICARD</b>		Director Name			
Street Address <b>1 HARRY BIRD DRIVE</b>		Street Address			
City <b>CHEPACHET</b>	State <b>R.I.</b>	Zip <b>02814</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>NORMAN HAMMOND - TREASURER</b>				Date <b>6/1/2017</b>	
Signature of Officer/Authorized Representative 					

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

**FILED**  
 JUN 05 2017  
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