



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

Annual Report for the year:

Non-Profit Corporation

2017

→ 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 134067		2. Exact name of the Corporation Rhode Island ENVirothon			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island  NATURAL RESOURCE EDUCATION			
4. NAICS Code 61110					
6. Principal Office Address 2283 HARTFORD AVENUE		City JOHNSTON		State RI	Zip 02919
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name DAVID WESTCOTT			Vice-President Name		
Street Address 439 ANGELL ROAD			Street Address		
City NO. PROVIDENCE	State RI	Zip 02904-3172	City	State	Zip
Secretary Name			Treasurer Name NORMAN HAMMOND		
Street Address			Street Address 25 OLD HARTFORD PIKE		
City	State	Zip	City NO. SCITUATE	State R.I.	Zip 02857
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 PETER STETSON			Director Name BEVERLY MIGLIORE - RIDEM		
Street Address 153 NEW LONDON TPKE			Street Address 235 PROMENADE ST.		
City WYOMING	State R.I.	Zip 02898	City PROVIDENCE	State R.I.	Zip 02908
Director Name PAUL RICARD			Director Name		
Street Address 1 HARRY BIRD DRIVE			Street Address		
City CHESHAM	State R.I.	Zip 02814	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>					
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 NORMAN HAMMOND - TREASURER					Date 6/1/2017
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

BY

FORM 631 - Revised: 05/2017