RI SOS Filing Number: 201745766020 Date: 6/19/2017 4:00:00 PM

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.

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1. Entity ID Number	2. Exact name of the Corporation
000542987	Living on the Edge
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To promote knowledge of climate change, sea level rise and storm damage on the human and natural landscape.
4. NAICS Code: 813312	

6. Principal Office Address	City	State	Zip
15 Elton St	Providence	RI	02906

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Katrie Florsheim			Vice-President Name		
Street Address: 15 Elton St			Street Address		
City: Providence	State: RI	Zip: 02906	City	State	Zip
Secretary Name: Janet Freedman			Treasurer Name: Constance Mussells		
Street Address: 41-C Oak St			Street Address: 7 Nicols Lane		
City: Providence	State: RI	Zip: 02909	City: East Greenwich	State: RI	Zip: 02818

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Katrie Florsheim			Director Name: Constance Mussells		
Street Address: 15 Elton St			Street Address: 7 Nicols Lane		
City: Providence	State: RI	Zip: 02906	City: East Greenwich	State: RI	Zip: 02818
Director Name: Janet Freedman			Director Name		
Street Address: 41-C Oak St			Street Address		
City: Providence	State: RI	Zip: 02909	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.

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
Katrie Florsheim	6/15/2017

Signature of Officer/Authorized Representative: Katrie Florsheim

FILED
JUN 19 2017
BY CR 3062256

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: 05/2017