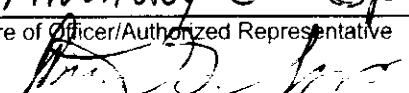


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 305801		2. Exact name of the Corporation Rhode Island Alliance For Clean Energy	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To PROMOTE REAL CLEAN ENERGY SOLUTIONS, Preserve the Beauty of Rhode Island	
4. NAICS Code 813312			
6. Principal Office Address 6 Sunnyside Place		City Newport	State R.I.
		Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Anthony G. Spiratos		Vice-President Name Stephanie Synnott	
Street Address 6 Sunnyside Place		Street Address 50 Ocean View Drive	
City Newport	State R.I.	City Middletown	State R.I.
Zip 02840		Zip 02842	
Secretary Name Evelyn E. Spiratos		Treasurer Name Anthony G. Spiratos	
Street Address 6 Sunnyside Place		Street Address 6 Sunnyside Place	
City Newport	State R.I.	City Newport	State R.I.
Zip 02840		Zip 02840	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Ann Paschoal		Director Name Linda Carlisle	
Street Address 995 West Main Rd.		Street Address 63 Middleton Ave	
City Middletown	State R.I.	City Newport	State R.I.
Zip 02842		Zip 02840	
Director Name George A. Spiratos		Director Name	
Street Address 6 Sunnyside Place		Street Address	
City Newport	State R.I.	City	State
Zip 02840		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 Anthony G. Spiratos			Date 6-15-17
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 19 2017
BY 1037 