



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 000702438		2. Exact name of the Corporation East Providence Coalition			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO ADVOCATE FOR SOUND ENVIRONMENTAL AND HEALTH POLICIES FOR RESIDENTS OF EAST PROVIDENCE, RI			
4. NAICS Code 813312 - Environment, Conserv					
6. Principal Office Address 260 WASECA AVENUE			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name KENNETH SCHNEIDER			Vice-President Name PETER OPPENHEIMER		
Street Address 33 EDWARD AVENUE			Street Address 22 WORNBURN ROAD		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
Secretary Name ROBERTA SCHNEIDER			Treasurer Name PETER OPPENHEIMER		
Street Address 33 EDWARD AVENUE			Street Address 22 WORNBURN ROAD		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
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 KENNETH SCHNEIDER			Director Name PETER OPPENHEIMER		
Street Address 33 EDWARD AVENUE			Street Address 22 WORNBURN ROAD		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
Director Name ROBERTA SCHNEIDER			Director Name		
Street Address 33 EDWARD AVENUE			Street Address		
City East Providence	State RI	Zip 02916	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Peter Oppenheimer				Date 6/29/17	
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

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