



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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R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 312517		2. Exact name of the Corporation Environmental Justice League of Rhode Island.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island environmental justice, food justice, and public health justice organization. non-profit racial-	
5. Principal Office Address 3 Bell Street		City Providence	State RI
		Zip 02909	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sundeep Sood		Vice-President Name Elizabeth Hoover	
Street Address 130 Fair St #4		Street Address PO Box 1886 Brown Univ	
City Warwick	State RI	City Providence	State RI
Zip 02885		Zip 02912	
Secretary Name Dania Flores-Heagney		Treasurer Name PARRIS WISE	
Street Address 50 Moroney Rd		Street Address 260 CAMP ST	
City Grafton	State MA	City PROVIDENCE	State RI
Zip 01519		Zip 02906	
7. 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 Ben Evans		Director Name Alison Roca	
Street Address 1822 North Main Street Suite 205		Street Address 55 Lowell St	
City Fall River	State MA	City Cranston	State RI
Zip 02720		Zip 02910	
Director Name Ivan Calderon		Director Name	
Street Address 10 Priscilla Ave		Street Address	
City Providence	State RI	City	State
Zip 02909		Zip	
8. 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 Sundeep Sood			Date 5/23/17
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED

AUG 15 2017

BY **C18241894**