STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.
Filing Fee: $20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.

1 Entity ID No. 10th 30059	2 Exact name of the Corporation: Rhode Island Environmental Health Association NAICS (611710)
3 State of Incorporation: RI	4 Brief description of the character of business conducted in Rhode Island: Nonprofit Environmental Health Education, training, and advocacy for all areas of environmental health in Rhode Island

5. Principal office address	City	State	Zip
123 Constitution Street	Bristol	RI	02809

6. LIST ALL OFFICERS' NAMES AND ADDRESSES (X BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Amie Parris	Jim Simsmauser
Street Address	Street Address
81 Wood Avenue Apt 2	115 Iroquois Rd
City / State / Zip	City / State / Zip
Woonsocket / RI / 02895	Narragansett / RI / 02874
Secretary Name	Treasurer Name
Mandy Crowe	Lynda Hoxie
Street Address	Street Address
420 School Street	73 Acorn Lane
City / State / Zip	City / State / Zip
North Kingstown / RI / 02852	West Warwick / RI / 02893

7. LIST ALL DIRECTORS' NAMES AND ADDRESSES. RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS. (X BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Amie Parris	Mandy Crowe
Street Address	Street Address
81 Wood Avenue Apt 2	420 School Street
City / State / Zip	City / State / Zip
Woonsocket / RI / 02895	North Kingstown / RI / 02852
Director Name	Director Name
Alfie Goyette	
Street Address	Street Address
123 Constitution Street	
City / State / Zip	City / State / Zip
Bristol / RI / 02809	

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

2017 APR 13 AM 10:06 RI DEPT OF STATE CORPORATIONS

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

FILED
SEP 11 2017
BY

'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.

Alfie Goyette 4/10/17
Signature of Officer or Authorized Representative — Date

Alexandra Goyette
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014