

Department of State - Business Services Division

Annual Report for the year: 2018
 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 000509282		2. Exact name of the Corporation New Ecology, Inc.			
3. State of Incorporation MA		5. Brief description of the character of business conducted in Rhode Island Green building and energy efficiency consultants			
4. NAICS Code 813312					
6. Principal Office Address 460 Harris Ave Box 203			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward F Connelly			Vice-President Name Lauren A Baumann		
Street Address 15 Court Square Ste 420			Street Address 15 Court Sq Ste. 420		
City Boston	State MA	Zip 02108	City Boston	State MA	Zip 02108
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name ① Peter Lowitt, Chair			Director Name ③ Rebecca Regan, Treasurer		
Street Address Devens Enterprise Commission, 33 Andrews Parkway			Street Address Housing Partnership Network, One Washington Mall, 12th Fl.		
City Devens	State MA	Zip 01434	City Boston	State MA	Zip 02108
Director Name ② Josh Cohen			Director Name ④ Gloria Cross Mwase		
Street Address Beacon Community Dev., Two Center Plaza, suite 700			Street Address 3450B Underwood Drive		
City Boston	State MA	Zip 02108	City Flowood	State MS	Zip 39232
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Martha J Davey					Date 5.30.18
Signature of Officer/Authorized Representative <i>Martha J Davey</i>					

SIGN DOCUMENT **FILED**

JUN 04 2018

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

STAMP

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Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 (5) Lindsey Sands			Director Name		
Street Address Veolia North America, 99 Summer St., #900			Street Address		
City Boston	State MA	Zip 02109	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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Name of Officer/Authorized Representative					Date
Signature of Officer/Authorized Representative					

SIGN DOCUMENT HERE

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JUN 04 2018

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY _____