



State of Rhode Island and Providence Plantations
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 000119204		2. Exact name of the Corporation Rhode Island Public Interest Research Group Education			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fund, INC. RPIRG Education Fund is an independent, non-partisan group that works for consumers and the public interest. Through research, public education and outreach, we serve as counterweights to the influence of powerful special interests that threaten our health, safety, or well-being.			
4. NAICS Code 813211					
6. Principal Office Address 11 S. Angell Street, PO Box 150		City Providence		State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kate Strousse Canada			Vice-President Name		
Street Address 11 S. Angell Street, PO Box 150			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Ken Sebesta			Treasurer Name Molly Chafetz		
Street Address 11 S. Angell Street, PO Box 150			Street Address 11 S. Angell Street, PO Box 150		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Faye Park			Director Name Carla Musumeci		
Street Address 1543 Wazee Street, Suite 400			Street Address 1543 Wazee Street, Suite 400		
City Denver	State CO	Zip 80202	City Denver	State CO	Zip 80202
Director Name Emily Kelly-Fischer			Director Name		
Street Address 1543 Wazee Street			Street Address		
City Denver	State CO	Zip 80202	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.					
<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 Emily Kelly-Fischer					Date 6/18/18
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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FORM 631 - Revised: 11/2017