


 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.

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 JUN 28 PM 1:30

1. Entity ID Number 001678141		2. Exact name of the Corporation The Roots Project			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The ensure sustainability for orphanages internationally through agricultural projects and educational development programs.			
4. NAICS Code 813319 - Other Social Advocacy (
6. Principal Office Address 137 Armstrong Avenue			City Warwick	State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Allison Barry			Vice-President Name Nicole Nehiley		
Street Address 52 Chaucer Drive			Street Address 137 Armstrong Avenue		
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02889
Secretary Name Jill Harrison			Treasurer Name Juan Pablo Naula		
Street Address 219 Sloop Street			Street Address Aurelio Espinoza y Sebastian de Benalcazar casa 54		
City Jamestown	State RI	Zip	City Quito, Ecuador	State none	Zip none
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 Robyn Linde			Director Name Nicole Nehiley		
Street Address 212 6th Street			Street Address Same		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name Allison Barry			Director Name		
Street Address Same			Street Address		
City	State	Zip	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.					
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 Nicole Nehiley				Date 6/19/2018	
Signature of Officer/Authorized Representative <i>Nicole Nehiley</i>				FILED JUN 28 2018 BY <i>AC 26711230</i>	

 MAIL TO:
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