RI SOS Filing Number: 201871397390 Date: 7/2/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

Penalty: Additional \$25.00 fee if		30.					
Entity ID Number	2. Exact name of the Corporation						
000158362	Environment Rhode Island Research & Policy Center						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	RIPIRG is a consumer group that stands up to powerful interests whenever they threaten our						
4. NAICS Code	health and safety, our financial security or our right to fully participate in our democratic society.						
813920							
6. Principal Office Address	Principal Office Address			State	Zip		
11 S. Angell Street, PO Box 160			Providence	RI	02906		
7. List ALL officers (names and add	iresses)		1	Check the box to indic	ate an attachment		
President Name Matt Auten			Vice-President Name				
Street Address 11 S. Angell Street, PO Box 160			Street Address				
City Providence	State RI	^{Zip} 02906	City	State	Zip		
Secretary Name John Rumpler			Treasurer Name Sarah Bennett				
Street Address 11 S. Angell Street, PO Box 160			Street Address 11 S. Angell Street, PO Box 160				
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							
Director Name Ed Johnson			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 Islan	d. This information i	is currently of record	d in the Department of State. Ch	anges require filing Form 64	11,		
Under penalty of perjury, I declar statements, and that all stateme				accompanying schedu	ules and		
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 Emily Kelly-Fischer				Date 6/18/18	,		
Signature of Officer/Authorized Rep	presentative	SIGN DOC	_MENT HERE	I			

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov **FILED**

BY.

FORM 631 - Revised: 11/2017