

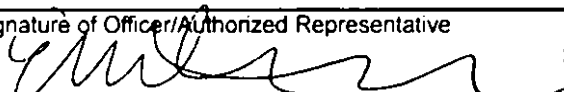


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000158362		2. Exact name of the Corporation Environment Rhode Island Research & Policy Center			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island RIPIRG is a consumer group that stands up to powerful interests whenever they threaten our health and safety, our financial security or our right to fully participate in our democratic society.			
4. NAICS Code 813920					
6. Principal Office Address 11 S. Angell Street, PO Box 160			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 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 <input type="checkbox"/>					
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 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Emily Kelly-Fischer					Date 6/18/18
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

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

FILED

JUL 02 2018

BY 1916 DS