



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.

Amended Filing

1. Entity ID Number 973059		2. Exact name of the Corporation The Kendra L. Bowers Giving Trust, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Foster and grow an optimistic, positive and forward-thinking sense of environmental responsibility and sustainability awareness programs, and provide educational scholarships in Environmental Sciences or related areas.			
4. NAICS Code 813312 - Environment, Conserva					
6. Principal Office Address P O BOX 3596		City NEWPORT	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Katherine N James-Bowers		Vice-President Name Amy Beth Simmons			
Street Address 11 Kay Street		Street Address 303 Howland Ave			
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Secretary Name Katiana Calzadilla		Treasurer Name Michael M Bowers			
Street Address 37 Belfort St.		Street Address 11 Kay Street			
City Boston	State MA	Zip 02125	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment ☒					
Director Name Katherine N James Bowers		Director Name Michael M Bowers			
Street Address 11 Kay Street		Street Address 11 Kay Street			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Amy Beth Simmons		Director Name Linda Pickin			
Street Address 303 Howland Ave.		Street Address Carroll Ave.			
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 541.					
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 <i>Katherine N. James Bowers</i>				Date <i>7/19/2018</i>	
Signature of Officer/Authorized Representative <i>K James</i>					

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

11:02 **FILED**
JUL 26 2018

BY *[Signature]*

FORM 631 - Revised: 11/2017

RECEIVED
SECRETARY OF STATE
DIVISION OF BUSINESS SERVICES
JUL 26 AM 11:02

ADDENDUM TO AMENDED FILING
ENTITY ID NUMBER: 973059
NAME: The Kendra L. Bowers Giving Trust, Inc.
"dba" The Greenlove Foundation

Addendum to Question #7 Additional Officers

Mary O'Connor
8 Longmeadow Street
Middletown, RI 02842
Vice President

Linda Pickin
106 Carroll Avenue
Newport, RI 02840
Vice President

FILED
JUL 26 2018
BY 