



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 001664419

2. Name of Corporation Natures Classroom Inc

3. State of Incorporation

State: MA

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

000081

4. Corporate Address in Rhode Island

No. and Street: 619 CAMP FULLER RD

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 19 HARRINGTON RD

City or Town: CHARLTON

State: MA

Zip: 01507

Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

RESIDENTIAL ENVIRONMENTAL EDUCATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN G. SANTOS	73 PUMPKIN LANE CHARLTON, MA 01507 USA
SECRETARY	MARTIN BANIA	1103 TREASURE ISLAND RD WEBSTER, MA 01570 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHN G. SANTOS 619 CAMP FULLER ROAD WAKEFIELD , RI 02879

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 17 Day of September, 2018 at 1:55:37 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By ANGELA D. SANTAMARIA
Signature of Authorized Person

Form No. 631
Revised 09/07

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