



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

2019 JUN -3 PM 2:11

1. Entity ID Number 000745843		2. Exact name of the Corporation Citizens Advocating for a Safe Environment CASE	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable purpose Environment, Conservation	
4. NAICS Code 813312			
6. Principal Office Address PO Box 521		City Coventry	State RI Zip 02816
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment: <input type="checkbox"/>			
President Name Nancy A Sullivan		Vice-President Name Ellen DeWolf	
Street Address 6 White Oak Ct		Street Address 15 Catalpa Way	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Secretary Name Charlotte Porter		Treasurer Name Debra Skaling	
Street Address 26 Sandra Circle		Street Address 310 Lewis Farm Rd	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment: <input type="checkbox"/>			
Director Name Charlotte Porter		Director Name Ellen De Wolfe	
Street Address 26 Sandra Circle		Street Address 15 Catalpa Way	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Director Name Linda Ferri		Director Name	
Street Address 6109 Flat River Rd		Street Address	
City Coventry	State RI	City	State
Zip 02814		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 Nancy A Sullivan			Date
Signature of Officer/Authorized Representative Nancy A Sullivan			

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.n.gov

JUN 03 2019

BY

GTCZL  
A.A. 2:42 p.m.

RM 631 - Revised: 03/2019