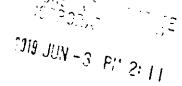
RI SOS Filing Number: 201995202440 Date: 6/3/2019 2:12:00 PM

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 form is not filed by July 30

1 Entity ID Number	2 Exact name of the Corporation			
000795843	Citizens Advocationator a Safe Environment CASE			
3. State of Incorporation	5 Brief description of the character of business conducted in Rhode Island			
R 1	Charitable	,		
4 NAICS Code	Environment, conservation			
813312	<u></u>			
6. Principal Office Address		City	State	Zip
PC Box 521		Coventry	RI	02816
7 List ALL officers (names and addresses)		Chairman Check the box to indicate an attachmen:		
President Name Nancy A Sullivaria		Vice-President Name Ellery Dewolf		
Sheer Address Li Winte Cat Ct		Street Address Catalyia Way		
city Coventry	State PT Zip USSICO	City Carentry	State P	07:01 C.
Secretary Name Churlotte	e Porter	Treasurer Name Debra Skalling		
Street Address 26 Sandra Circle		Street Address 310 LAWIS Farm Rd		
city Coventry	State 21 Zip 028 KC	City (OVERTIFI)	State 12.1	Zip 678160
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attacriment.				
Director Name CluvKAC	Porter	Director Name Ellen De	a wolfe	
Street Address Zuo Sandva Circle		Street Address 15 (Walpa Way		
on (Wentry	State ZID OSK	Cary Coventry	State R(Zip 072816
Director Name Linda Ferri		Director Name		
	lat River Rd	Street Address		
ony (wentry	State 121 ZIOCIZSILY	City	State	Zıp
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 Trustae				
Name of Officer/Authorized Representative			Date	
NarkyAS	ullivan	<u> </u>	<u> </u>	
Signature of Officar/Authorized Representative FILED				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov JUN 0 3 2019

TRM: 631 - Revised: 03/201