



**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

**Non-Profit Corporation
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: 2019

1. Corporate ID No. 001678674

2. Name of Corporation Thrive Outside

3. State of Incorporation

State: RI

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
813312

4. Corporate Address in Rhode Island

No. and Street: 19 SUNNYSIDE AVENUE

City or Town: BRISTOL

State: RI

Zip: 02809

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

THIS CORPORATION IS ESTABLISHED TO PROVIDE CONSULTATION SERVICES TO SCHOOLS AND OTHER ORGANIZATIONS THAT WORK WITH YOUNG PEOPLE TO DESIGN AND BUILD OUTDOOR LEARNING ENVIRONMENTS AND TO PROVIDE PROFESSIONAL DEVELOPMENT AND EDUCATIONAL SUPPORT FOR PROFESSIONALS IN THESE SCHOOLS AND ORGANIZATIONS. IT IS DEDICATED TO HELPING OUR YOUTH THRIVE AND BECOME HIGH-ACHIEVING, ENVIRONMENTALLY LITERATE EARTH ENTHUSIASTS AND STEWARDS THROUGH THE IMPLEMENTATION OF THESE

DYNAMIC, OUTDOOR LEARNING ENVIRONMENTS, TEACHER PRACTICES, CURRICULUM ENHANCEMENTS AND PROGRAMS. THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES, INCLUDING FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR ANY CORRESPONDING SECTION OF ANY FUTURE TAX CODE. NO PROCEEDS OF THE CORPORATION WILL ENRICH ANY INDIVIDUAL EXCEPT THAT REASONABLE COMPENSATION MAY BE PAID FOR SERVICES TO THE CORPORATION. IF THE CORPORATION IS DISSOLVED, ANY ASSETS REMAINING WILL BE DISTRIBUTED TO ANOTHER CORPORATION SERVING A SIMILAR PURPOSE AND QUALIFYING AS A TAX-EXEMPT, CHARITABLE ORGANIZATION UNDER THE PROVISIONS OF 501(C)(3) OF THE INTERNAL REVENUE CODE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	SHANNON KATHLEEN ROZEA	19 SUNNYSIDE AVE. BRISTOL, RI 02809 US
DIRECTOR	SHANNON KATHLEEN ROZEA	19 SUNNYSIDE AVE. BRISTOL, RI 02809 US
DIRECTOR	CHARLES THOMAS ROZEA JR.	19 SUNNYSIDE AVE. BRISTOL, RI 02809 US
DIRECTOR	AMY BOUTCHIE	4 CAROL AVE. BRISTOL, RI 02809 US

**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**

SHANNON K. ROZEA 19 SUNNYSIDE AVENUE BRISTOL , RI 02809

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

Signed this 12 Day of June, 2019 at 10:36:57 AM 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 CHARLES T ROZEA
Signature of Authorized Person

