



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 JUN 18 PM 12:02

Annual Report for the year: 2019

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

1. Entity ID Number 26866		2. Exact name of the Corporation Environment Council of Rhode Island, INC			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Advocacy on environmental issues in RI and fostering the environmental community			
4. NAICS Code 813312					
6. Principal Office Address 10 Davol Square suite 100		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Priscilla de La Cruz		Vice-President Name Susan Korte			
Street Address 494 Woonasquatucket Ave		Street Address 20 Lorimer Ave			
City N. Providence	State RI	Zip 02911	City Providence	State RI	Zip 02906
Secretary Name Judee Burr		Treasurer Name Kenneth Filarski			
Street Address 142 Larch St		Street Address 39 Perennial Dr			
City Providence	State RI	Zip 02906	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Eugenia Marks		Director Name Paul Beaudette			
Street Address 11 Methyl St		Street Address 72 Sawyer Ave			
City Providence	State RI	Zip 02906	City Warwick	State RI	Zip 02818
Director Name Malwina Skowron		Director Name Jerry Elmer			
Street Address 145 Fourth St		Street Address 30 Humboldt St			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Priscilla DeLaCruz					Date 6/13/19
Signature of Officer/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.ri.gov

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