RI SOS Filing Number: 201997667850 Date: 6/18/2019 4:00:00 PM



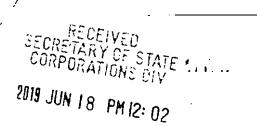
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

→ Filing penod: June 1 - June 30 → Filing Fee: \$20.00

-> Penalty. Additional \$25.00 fee if form is not filed by July 30.



| | To 5" . | | - · - · | | |
|--|--|----------------------------|--|--------------------------------|----------------------|
| 1 Entity ID Number | 2. Exact name of the Corporation | | | | |
| 66236 | Environment Council of Rhode Island Education Fund, T | | | | |
| 3. State of Incorporation | Brief description of the character of business conducted in Rhode Island | | | | |
| Rhode Island | Educating Rhode Islanders about environmental issues and fostering and nurturing the | | | | |
| 4. NAICS Code | environmental, community | | | | |
| k 813312 | | | | | |
| 6. Principal Office Address | | | City | State | Zip |
| 10 Davol Square suite 100 | | | Providence | RI | 02903 |
| 7 List ALL officers (names and ad | dresses) | • • • | Check the box to indicate an attachment | | |
| President Name Priscilla de La Cruz | | | Vice-President Name Susan Korte | | |
| Street Address 494 Woon as any tucket Are | | | Street Address 20 Lorimer Ave | | |
| City N. Providence | State | 701911 | 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 L | ² 192906 | City Cranston | State RI | Zip 20920 |
| 8. List ALL directors (names and a | addresses). RI C | orporations MUST | list at least THREE directors. | Check the box to indi | cate an attachment |
| 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 Terry Elmer | | |
| Street Address 145 Fourth St | | | Street Address 30 Hunholdt St | | |
| City Providence | State RI | Zip 02906 | City Providence | State | 302906 |
| 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 declar statements, and that all stateme | | | | accompanying sched | ules and |
| This report must be signed by either the Pre | asident, Vice-Preside | nt, Secretary, Assistant : | Secretary, Treasurer, duly Authorized Ri | epresentative. Receiver or Tru | stee |
| Name of Officer/Authorized Repre | | Date 6/13/19 | | | |
| Signature of Officer/Authorized Representative | | | | | |
| SIGN DOCUMENT HERE | | | | | |
| Ell ED | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 631 - Revised: 03/2019