



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

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.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 JUN 18 PM 12:02

1. Entity ID Number 66236		2. Exact name of the Corporation Environment Council of Rhode Island Education Fund, INC	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Educating Rhode Islanders about environmental issues and fostering and nurturing 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 Woonasquett Ave		Street Address 20 Lorimer Ave	
City N. Providence	State RI	City Providence	State RI
Zip 02911		Zip 02906	
Secretary Name Judee Burr		Treasurer Name Kenneth Filarski	
Street Address 142 Larch St		Street Address 39 Perennial Dr	
City Providence	State RI	City Cranston	State RI
Zip 02906		Zip 20920	
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	City Warwick	State RI
Zip 02906		Zip 02818	
Director Name Malwina Skowron		Director Name Jerry Elmer	
Street Address 145 Fourth St		Street Address 30 Humboldt St	
City Providence	State RI	City Providence	State RI
Zip 02906		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Priscilla De La Cruz			Date 6/13/19
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE

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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BY **W5CK1**
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