

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
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.

SECRETARY CORPORAT	IVED OF STATE	
2019 JUN 18	PM 12: 02	

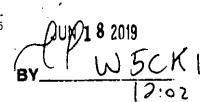
1 Entity ID Number 2. Exact name of the Corporation Environment Council of Rhode Island Education Fund, T 66236 5. Brief description of the character of business conducted in Rhode Island 3. State of Incorporation Rhode Island Educating Rhode Islanders about environmental issues and fostering and nurturing the environmental, community 4 NAICS Code 6. Principal Office Address Zip City State 02903 **Providence** RI 10 Davol Square suite 100 7 List ALL officers (names and addresses) Check the box to indicate an attachment President Name Priscilla de La Cruz Vice-President Name Susan Korte Street Address 20 Lorimer Ave City Providence State ^{Zip} 02906 RI Treasurer Name Kenneth Filarski Judee Burr Street Address 39 Perennial Dr Street Address State Zip 20920 City Cranston RI 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment L Director Name Eugenia Marks Director Name Paul Beaudette Street Address 11 Methyl St Street Address 72 Sawyer ave State RI ^{Zıp} 02906 ^{Zıp} 02818 City Providence City Warwick **Director Name** Director Name Malwina Skowron Street Address Street Address ^{Zıp} 02906 792906 City Providence 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 Trustee Name 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



FORM 631 - Revised: 03/2019