



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

FILED

JUN 24 2019

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Annual Report for the year:

Non-Profit Corporation

2019

→ 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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1 Entity ID Number <u>000134067</u>		2 Exact name of the Corporation <u>Rhode Island Environment</u>	
3 State of Incorporation <u>Rhode Island</u>		5 Brief description of the character of business conducted in Rhode Island <u>Environmental Education</u>	
4 NAICS Code <u>611110</u>			
6 Principal Office Address <u>2283 Hartford Ave</u>		City <u>Johnston</u>	State <u>RI</u>
		Zip <u>02919</u>	
7 List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
President Name <u>David Westcott</u>		Vice-President Name	
Street Address <u>459 Angell Road</u>		Street Address	
City <u>NO PROSP</u>	State <u>RI</u>	City	State
Zip <u>02904</u>		Zip	
Secretary Name <u>Paul Dahlen</u>		Treasurer Name <u>Peter Stetson</u>	
Street Address <u>120 Nipmuc Dr</u>		Street Address <u>153 New London Tpke</u>	
City <u>Foster</u>	State <u>RI</u>	City <u>Wyoming</u>	State <u>RI</u>
Zip <u>02825</u>		Zip <u>02898</u>	
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 <u>Peter Stetson</u>		Director Name <u>Norm Hammond</u>	
Street Address <u>153 New London Tpke</u>		Street Address <u>25 Old Hartford Pike</u>	
City <u>Wyoming</u>	State <u>RI</u>	City <u>No Scituate</u>	State <u>RI</u>
Zip <u>02898</u>		Zip <u>02857</u>	
Director Name <u>Paul Richard</u>		Director Name <u>Mary Falcato Bev Migliore</u>	
Street Address <u>Larry Bird Dr.</u>		Street Address <u>57 Chatham Apalasset Rd.</u>	
City <u>Chapasset</u>	State <u>RI</u>	City <u>Barrington</u>	State <u>RI</u>
Zip <u>02814</u>		Zip <u>02806</u>	
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 <u>Peter Stetson</u>		Date <u>6/19/19</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>		STAMP 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