



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 R.I. DEPT. OF STATE
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2020 APR 10 P 12:51

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.

1. Entity ID Number 000294185		2. Exact name of the Corporation Rhode Island Interfaith Power & Light, Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EDUCATION & ADVOCACY non profit Agency That works within the faith Community of RI to improve energy efficiency, & teach about energy conservation & Renewable energy.	
4. NAICS Code 813312			
6. Principal Office Address RI DE 20 DIVISION ST.		City NEWPORT	State RI Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SARAH ATKINS		Vice-President Name TIM DECHRISTOPHER	
Street Address 20 DIVISION STREET		Street Address 93 CARWELL AVENUE	
City NEWPORT	State RI Zip 02840	City PAWTUCKET	State RI Zip 02860
Secretary Name MARTINA MULLER		Treasurer Name CHRISTINE CASSELS	
Street Address 5 LARRAIGE LANE		Street Address 1158 WAPPING RD	
City KINGSTON	State RI Zip 02881	City MIDDLETOWN	State RI Zip 02842
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 STEVE MALANUSLAND		Director Name TIM DECHRISTOPHER	
Street Address 68 SHORE ROAD		Street Address 93 CARWELL AVENUE	
City OLD Lyme	State CT Zip 06371	City PAWTUCKET	State RI Zip
Director Name MARTINA MULLER		Director Name	
Street Address 5 LARRAIGE LANE		Street Address	
City KINGSTON	State RI Zip 02881	City	State Zip
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 Christine Casels		Date 02-11-20	
Signature of Officer/Authorized Representative [Signature]		SIGN DOCUMENT FILED	

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