



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

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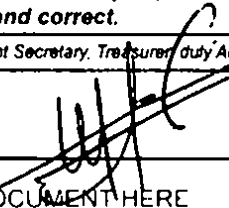
Annual Report for the year: **2019**
Non-Profit Corporation

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- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000509465		2. Exact name of the Corporation ALIADOS USA			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO SUPPORT THE EDUCATION AND TRAINING OF PEOPLE RESIDING IN TROPICAL RAINFOREST AREAS IN AGROFORESTRY AND TECHNIQUES TO CREATE SUSTAINABLE JOBS AND TO CONSERVE FRAGILE ECOSYSTEMS AND RAINFORESTS			
4. NAICS Code 813312 - Environment, Cons					
6. Principal Office Address 128 MAIN ST		City WESTERLY		State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TYLER GAGE			Vice-President Name FRANK HICKS		
Street Address 1417 MILL AVE			Street Address ECO-RESIDENCIAL, VILLA REAL		
City BELLINGHAM	State WA	Zip 98225	City SAN JOSE	State CR	Zip 0000
Secretary Name SHARELLE KLAUS			Treasurer Name REBECCA RUF		
Street Address 506 2ND AVE #1200			Street Address 53 2ND PLACE		
City SEATTLE	State WA	Zip 98104	City BROOKLYN	State NY	Zip 0000
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name ANTHONY WAINWRIGHT COLLEN			Director Name TYLER GAGE		
Street Address URB JARDINES DEL BATAN			Street Address 1417 MILL AVE		
City QUITO, ECUADOR	State PI	Zip 0000	City BELLINGHAM	State WA	Zip 98225
Director Name REBECCA RUF			Director Name FRANK HICKS		
Street Address 53 2ND PLACE			Street Address ECO-RESIDENCIAL, VILLA REAL		
City BROOKLYN	State NY	Zip 0000	City SAN JOSE	State CR	Zip 0000
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641. DICERRE LONERGAN					
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 ANTHONY WAINWRIGHT COLLEN, CEO					Date 18 MAY 2020
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

FILED

MAY 27 2020
BY **8KPSL**
A.A. 12:38 PM

FORM 631 - Revised: 06/2019

Annual Report for the year: 2019
Non-Profit Corporation
Entity ID Number: 000509465
Exact name of the Corporation: ALIADOS USA

Annex I: Additional Directors (not already included in the Directors section of the Annual report form)

Name: Sharelle Klaus
Street Address: 506 2nd Ave #1200
City: Seattle
State: WA
Zip code: 98104

(BARBARA BURCHFIELD IS NO LONGER A
DIRECTOR OF ALIADOS USA)