



State of Rhode Island  
 Department of State - Business Services Division

Annual Report for the year: 2021  
 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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

1. Entity ID Number <b>0000 26728</b>		2. Exact name of the Corporation <b>Ecology Action for Rhode Island</b>		2021 JUN 16 P 12:16	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Environmental Education</b>			
4. NAICS Code <b>813312</b>					
6. Principal Office Address <b>835 Westminster St</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>James Connell</b>			Vice-President Name <b>Jeff Bob</b>		
Street Address <b>61 Broadway</b>			Street Address <b>2400 Division St</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip	City <b>East Greenwich</b>	State <b>RI</b>	Zip
Secretary Name <b>Elizabeth Cameron</b>			Treasurer Name <b>Elizabeth Cameron</b>		
Street Address <b>P.O. Box 6423</b>			Street Address <b>P.O. Box 6423</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Grant Dulgarian</b>			Director Name <b>Barry Schiller</b>		
Street Address <b>20 Exeter St</b>			Street Address <b>76 Sunset Av</b>		
City <b>Providence</b>	State <b>RI</b>	Zip	City <b>North Providence</b>	State <b>RI</b>	Zip
Director Name <b>Lino Cardanha</b>			Director Name		
Street Address <b>45 Methyl St</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Elizabeth (Doğan) Cameron, Treasurer</b>					Date <b>6/16/21</b>
Signature of Officer/Authorized Representative 					

FILED

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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