



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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 BUS SVCS DIV

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1. Entry ID Number <u>020066236</u>		2. Exact name of the Corporation <u>Environment Council of Rhode Island Education Fund</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>environmental education and convening</u>	
4. NAICS Code <u>813312</u>			
6. Principal Office Address <u>376th St</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02906</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Priscilla De La Cruz</u>		Vice-President Name <u>Malwina Skowron</u>	
Street Address <u>388 Jastram St</u>		Street Address <u>88 Princeton Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02907</u>	
Secretary Name <u>Paige Therrien</u>		Treasurer Name <u>Paul Beaudette</u>	
Street Address <u>244 Valley St</u>		Street Address <u>72 Sawyer St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>R. Greenwich</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02818</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>Susan Karbe</u>		Director Name <u>Eugenia Marks</u>	
Street Address <u>20 Lorimer St</u>		Street Address <u>11 Methyl St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02906</u>		Zip <u>02906</u>	
Director Name <u>Kai Salem</u>		Director Name	
Street Address <u>68 Dexter St.</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02909</u>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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.			
<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 <u>Priscilla De La Cruz, President</u>			Date <u>6/17/21</u>
Signature of Officer/Authorized Representative 			

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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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