



RI SOS Filing Number: 202198459710 Date: 6/18/2021 4:00:00 PM

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 <u>000026866</u>		2. Exact name of the Corporation <u>Environment Council of Rhode Island Inc</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Environmental Advocacy</u>	
4. NAICS Code <u>813312</u>			
6. Principal Office Address <u>37 6th 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 ☐			
President Name <u>Priscilla De La Cruz</u>		Vice-President Name <u>Malwina Skowron</u>	
Street Address <u>388 Westram 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>02903</u>		Zip <u>02907</u>	
Secretary Name <u>Carol Therrien</u>		Treasurer Name <u>Paul Beaudette</u>	
Street Address <u>284 Valley St #2</u>		Street Address <u>72 Sawyer St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>E Greenwich</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>01819</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Susan Korte</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.			
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>Priscilla De La Cruz, President</u>			Date <u>6/17/21</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3046
Website: www.sos.ri.gov

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FORM 631 - Revised: 08/2020