



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000102953		2. Exact name of the Corporation Green Party of Rhode Island	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Political Party	
4. NAICS Code 813312			
6. Principal Office Address 37 6th St		City Providence	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Glen Bennett		Vice-President Name Tony DeGryne	
Street Address 176 Bartlett St		Street Address 14 Elm Crest Ave	
City Warwick	State RI	City Providence	State RI
Zip 02889		Zip 02908	
Secretary Name Vacant		Treasurer Name Greg Gerritt	
Street Address		Street Address 37 6th St	
City	State	City Providence	State RI
Zip		Zip 02906	
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 Kathleen Hourke		Director Name Nicholas Schmader	
Street Address 37 6th St		Street Address 55 Ingersoll	
City Providence	State RI	City Warwick	State RI
Zip 02906		Zip 02886	
Director Name David Fister		Director Name	
Street Address 238 Second Ave		Street Address	
City Woonsocket	State RI	City	State
Zip 02895		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 Greg Gerritt Treasurer			Date 6/15/21
Signature of Officer/Authorized Representative <i>Greg Gerritt</i>			

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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