



State of Rhode Island

## Department of State - Business Services Division

FILED

Annual Report for the year:

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.

JUL 21 2021

BY

1. Entity ID Number <b>134067</b>	2. Exact name of the Corporation <b>Rhode Island Envirothon</b>		
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>Environmental Education competition</b>		
4. NAICS Code <b>611110</b>			
6. Principal Office Address <b>2283 Hartford Ave,</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <b>J Eric Scherer</b>		Vice-President Name	
Street Address <b>13 Seagrass Drive</b>		Street Address	
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02897</b>	City
Secretary Name		Treasurer Name <b>Peter Sletson</b>	
Street Address		Street Address <b>153 Newhendon Pike</b>	
City	State	Zip	City <b>Wyoming</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <b>Pat Ricard</b>		Director Name <b>Bev Migliore</b>	
Street Address <b>1 Harry Bird Drive</b>		Street Address <b>57 Chachapascasset Rd</b>	
City <b>Chelchet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Barrington</b>
Director Name <b>Noelle Hammond</b>		Director Name	
Street Address <b>25 Old Hartford Pike</b>		Street Address	
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City
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>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative <b>Peter Sletson</b>			Date <b>7/17/21</b>
Signature of Officer/Authorized Representative 			

## MAIL TO:

Division of Business Services

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