



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2022

**1. Corporate ID No.** 001706217

**2. Name of Corporation** The Community Compost Depot Inc

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813312

**4. Principal Office Address**

No. and Street: 226 SUMMIT AVENUE

3RD FLOOR

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO EDUCATE, CONSULT AND/OR CONDUCT SCIENTIFIC RESEARCH ABOUT HELPING CITIES/TOWNS, COMMUNITIES, BUSINESSES, RESTAURANTS AND SCHOOLS SAVE MONEY BY REDUCING AND REPURPOSING ORGANIC FOOD AND YARD WASTE INTO COMPOST AND OTHER ENVIRONMENTALLY FRIENDLY PRODUCTS.AND, TO CARRY ON ANY OTHER LAWFUL ACTIVITY OR BUSINESS IN SUPPORT AND TO THE BENEFIT OF THE FOREGOING STATED PURPOSE AS MAY BE CARRIED ON BY AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND BY A CORPORATION FORMED UNDER THE RHODE ISLAND NONPROFIT CORPORATION ACT, RI GENERAL LAWS 7-6 ET SEQ.

**6. Names and Addresses of the Officers and Directors:**

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	LORI BRADLEE	9 RELAY STREET LYNN, MA 01902 USA
DIRECTOR	MICHAEL BRADLEE	226 SUMMIT AVENUE, 3RD FLOOR PROVIDENCE, RI 02906 USA
DIRECTOR	KIM BRADLEE	30 VALLEYVIEW FARM ROAD BRADFORD, MA 01835 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MICHAEL BRADLEE 226 SUMMIT AVENUE, 3RD FLOOR PROVIDENCE , RI 02906

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of July, 2022 at 2:55:38 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHAEL J BRADLEE  
Signature of Authorized Person

Form No. 631  
Revised 09/07