



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
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Annual Report for the year: 2022
Non-Profit Corporation

2023 MAR 13 PM 12:40

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001710730		2. Exact name of the Corporation Renal Powered Anthropology			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Nonprofit dedicated to humanizing science and the humanities while encouraging outdoor activity and exploration			
4. NAICS Code 813319					
6. Principal Office Address 75 Briarbrook Drive			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph LynnWorm			Vice-President Name		
Street Address 75 Briarbrook Drive			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Julie LynnWorm			Treasurer Name Joseph LynnWorm		
Street Address 75 Briarbrook Drive			Street Address 75 Briarbrook Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Joseph LynnWorm			Director Name Julie LynnWorm		
Street Address 75 Briarbrook Drive			Street Address 75 Briarbrook Dr		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Robert W. ...			Director Name Sarah Hlubik		
Street Address PO Box 714			Street Address 92 Chesterfield Georgetown Road		
City Velarde	State NM	Zip 87582	City Chesterfield	State NJ	Zip 08515
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 Joseph LynnWorm					Date 03/12/2023
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2015
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 631 - Revised: 2/2023