



**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

**Foreign Non-Profit
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: 2023

1. Corporate ID No. 000792342

2. Name of Corporation NORTHEAST STATES FOR COORDINATED AIR USE
MANAGEMENT, INC.

3. State of Incorporation

State: MA

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: 89 SOUTH STREET
City or Town: BOSTON State: MA Zip: 02111 Country: USA

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

DEVELOP GREENHOUSE GAS INVENTORY

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

PRESIDENT	PAUL MILLER	89 SOUTH STREET BOSTON, MA 02111 USA
TREASURER	GLENN KEITH	1 WINTER STREET BOSTON, MA 02108 USA
SECRETARY	CORALIE COOPER	89 SOUTH STREET BOSTON, MA 02111 USA
DIRECTOR	CRAIG WRIGHT	29 HAZEN DRIVE CONCORD, NH 03302 USA
DIRECTOR	HEIDI HALES	1 NATIONAL LIFE DRIVE MONTPELLIER, VT 05620 USA
DIRECTOR	FRANCIS STEITZ	401 E. STATE ST. TRENTON, NJ 08625 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**

BARBARA MORIN 56 ARDOENE STREET PROVIDENCE , RI 02907

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

Signed this 20 Day of March, 2023 at 3:01:56 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 RENEE LANDGREBE
Signature of Authorized Person

Form No. 631
Revised 09/07

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