RI SOS Filing Number: 202332646310 Date: 4/10/2023 4:00:00 PM



State of Rhode Island

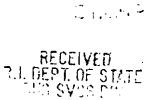
Department of State - Business Services Division

Annual Report for the year:	2023
Non-Profit Corporation	
Mon-r Tonk Corporation	

-> 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	2. Exact name of	f the Corporation		2023 APR 10	P 2: 31		
000542987	Living on the Edge						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	To promote knowledge of climate change, sea level rise and storm damage to						
4. NAICS Code	the human and natural landscape						
813312-							
6. Principal Office Address			City	State	Zip		
15 Elton Street	Street		Providence	RI	02906		
7. List ALL officers (names and add	tresses)		Ch	eck the box to indicat	e an attachment		
President Name Kathie Florsheim		Vice-President Name					
Street Address 15 Elton Street		Street Address					
^{City} Providence	State RI	^{Zip} 02906	City	State	Zip		
Secretary Name Janet Friedman	•		Treasurer Name Constance Mussells				
Street Address 41-C Oak Street			Street Address 5019 Night Hawk Dr, NE				
City Providence	State RI	^{Zip} 02909	^{City} Rio Rancho	State NM	^{Zip} 87144		
8. List ALL directors (names and a	ddresses). RI Corp	porations MUST li	st at least THREE directors.	eck the box to indicat	e an attachment		
Director Name Kathie Florsheim		Director Name Constance Mussells					
Street Address 15 Elton Street		Street Address 5019 Night Hawk Dr, NE					
^{City} Providence	State RI	^{Zip} 02906	^{Crty} Rio Rancho	State NM	^{Zip} 87144		
Director Name Janet Friedman		Director Name Christopher Little					
Street Address 41-C Oak Street		Street Address 125 Fresh meadow Rd					
^{City} Providence	State RI	^{Zip} 02909	^{City} Wakefield	State RI	^{Zip} 02879		
9. The Registered Agent information	on of record with th	e RI Department	of State is accurate. Changes requi	re filing Form 641.			
Under penalty of perjury, I decla statements, and that all stateme			d this report, including any ассоп correct.	npanying schedul	es and		
		Secretary, Assistant Se	cretary. Treasurer, duly Authorized Represent	ative, Receiver or Truste	96.		
Name of Officer/Authorized Repres	sentative		· · · · · ·	Date			
Kathie Florsheim		M 131	4.7.2023				
Signature of Officer/Aythorized Rep	presentative		P FILED				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 0W616

#8 Continuation of list of directors for Living on the Edge:

- Kathleen Hancock
 14 Washington Street / Apt 1
 Warren, RI 02885
- Sandra Miller
 62 Hebert Rd.
 Arlington, MA. 02474