

State of Rhode Island

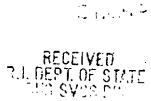
## **Department of State - Business Services Division**

Annual Report for the year:	2023
Non-Profit 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 the Corporation 7073 APR 10 12:31					
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	5 Elton Street		Providence	RI	02906	
7. List ALL officers (names and add	dresses)			Check the box to indica	ite an attachment	
President Name Kathie Florsheim			Vice-President Name			
Street Address 15 Elton Street			Street Address			
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02906	City	State	Zip	
Secretary Name Janet Friedman	Tr		Treasurer Name Constance Mussells			
Street Address 41-C Oak Street	35 41-C Oak Street		Street Address 5019 Night Hawk Dr, NE			
City Providence	State RI	<sup>Zip</sup> 02909	City Rio Rancho	State NM	<sup>Zip</sup> 87144	
8. List ALL directors (names and a	ddresses). RI Con	porations MUST I	ist at least THREE directors.	Check the box to indica	ite an attachment	
Director Name Kathie Florsheim		Director Name Constance Mussells				
Street Address 15 Elton Street		Street Address 5019 Night Hawk Dr, NE				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02906	<sup>Crty</sup> Rio Rancho	State NM	<sup>Zip</sup> 87144	
Director Name Janet Friedman		Director Name Christopher Little				
Street Address 41-C Oak Street		Street Address 125 Fresh meadow Rd				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02909	<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	
9. The Registered Agent information	on of record with th	ne RI Department	of State is accurate. Changes	require filing Form 641.		
Under penalty of perjury, I decla statements, and that all stateme				ccompanying schedu	les and	
This report must be signed by either the Pre		Secretary, Assistant S	ecretary, Treasurer, duly Authorized Rep	resentative, Receiver or Trus	ree.	
Name of Officer/Authorized Repres	sentative			Date		
Kathie Florsheim			7 13	4.7.2023	·	
Signature of Officer/Authorized Re	presentative	•	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

AFR 1 0 2023

FORM 631 - Revised: 2/2023

## #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