



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.

RECEIVED  
RI DEPT. OF STATE  
BUSINESS SERVICES DIVISION

2023 APR 17 12:31

1. Entity ID Number 001733520		2. Exact name of the Corporation Native Green	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Indigenous led and community based environmental justice work for restoring the balance for Mother Earth	
4. NAICS Code 812990			
6. Principal Office Address 185 Camp St 2nd floor		City Providence	State RI Zip 02906
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Randy R Noka		Vice President Name Antonio Beltran	
Street Address 185 Camp St 2nd floor		Street Address 185 Camp St 2nd floor	
City Providence	State RI Zip 02906	City Providence	State RI Zip 02906
Secretary Name Rockelle Lee		Treasurer Name Taylor Dampson	
Street Address 185 Camp St 2nd floor		Street Address 185 Camp St 2nd floor	
City Providence	State RI Zip 02906	City Providence	State RI Zip 02906
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Randy R. Noka		Director Name Antonio Beltran	
Street Address 185 Camp St 2nd floor		Street Address 185 Camp St 2nd floor	
City Providence	State RI Zip 02906	City Providence	State RI Zip 02906
Director Name Rockelle Lee		Director Name Taylor Dampson	
Street Address 185 Camp St 2nd floor		Street Address 185 Camp St 2nd floor	
City Providence	State RI Zip 02906	City Providence	State RI Zip 02906
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
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 Randy R. Noka President		Date 4/17/2023	
Signature of Officer/Authorized Representative <i>Randy R. Noka</i>		FILED	

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

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BY *4BQRX*

FORM 631 - Revised: 2/2023