

State of Rhode Island

Department of State - Business Services Division

Annual Report for the	year:
Non-Profit Corporation	n

2023

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-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

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2. Exact name of the Corporation			
520 Native Green			
ate of Incorporation 5. Brief description of the character of business conducted in Rhode Island			
Indugenous	ed and commun	L' roctorin	
environmentaljustice work for restoring			
۸ ۸۱		State Zip	
300+1001			
resses)		k the box to indicate an attachment	
え	Vice President Name Thomas Betto	an n	
and floor	Street Address Comp S	and floor	
	Providence	State 7 39996	
	Treasurer Name AVOT DUMP	son a	
and Cloor	Street Address	and theor	
	Em Povidence	State Zip 2906	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment			
	Director Name N	1	
		Tran	
and thoor		2 2 rol 1 100 r	
State 7 Zip 2906	cil Kov idence	State Zip 2906	
e	Director Name OF Deeph	son	
2nd Cloor	Street Address Comp S	Zrdtoor	
State Zip 3906	Rovidence	State Zip 3906	
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.			
		Date	
Joka Treside		14/1/19093	
Signature of Officer/Authorized Representative			
Houndy I Co Mm FILED			
	5. Brief description of the character Indicenses Environ Mente the balance and floor State 7 Zip 3906 diresses). RI Corporations MUST list State 7 Zip 3906 Con of record with the RI Department of the and affirm that I have examined ents contained herein are true and esident. Vice-President. Secretary, Assistant Secretarive Secretarive Schale Roch Look And Cook State 7 Zip 3906 Entry	2. Exact name of the Corporation Active Open 5. Brief description of the character of business conducted in Rhode Isla I do gene us ted and commun environ mental justice work the balance or Mother Eart City City City Corporations Must ist at least THREE directors. Check State) Zip 3966 City Corporations Must list at least THREE directors. Check State) Zip 3966 City Corporations Must list at least THREE directors. Check State) Zip 3966 Street Address Street Address Street Address Street Address Street Address Check State) Zip 3966 Street Address Street Address Check State) State Zip 3966 City Corporations Must list at least THREE directors. Check Check Check State Street Address Check Street Address Check State Street Address Check Check City Corporations Must list at least Corporations. Check Check Check Check Check Check City Corporations Must list at least Charges require and affirm that I have examined this report, including any accompents contained herein are true and correct. Signent Corporations of State is accurate. Changes require are and affirm that I have examined this report, including any accompents contained herein are true and correct. Signent Corporations of State is accurate. Changes require are and affirm that I have examined this report, including any accompents contained herein are true and correct. Signent Corporations of State is accurate. Changes require are and affirm that I have examined this report, including any accompenses contained herein are true and correct. Signed Corporations of State is accurate. Changes require are and affirm that I have examined this report, including any accompenses contained herein are true and correct.	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 17 2023

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FORM 631 - Revised: 2/2023