



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
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entry ID Number <u>000 102953</u>		2. Exact name of the Corporation <u>Green Party of Rhode Island</u>		2023 APR 24 A 9 24	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Political Party</u>			
4. NAICS Code <u>813312</u>					
6. Principal Office Address <u>37 6th St</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Glen Bennett</u>			Vice-President Name <u>Anthony O'Rourke</u>		
Street Address <u>176 Bartlett St</u>			Street Address <u>14 Elm Crest Ave</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>
Secretary Name <u>Greg Gerritt</u>			Treasurer Name <u>Greg Gerritt</u>		
Street Address <u>37 6th St</u>			Street Address <u>37 6th St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Kathleen Rourke</u>			Director Name <u>Nickolas Schneider</u>		
Street Address <u>37 6th St</u>			Street Address <u>55 Fyersoll</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
Director Name <u>David Fisher</u>			Director Name		
Street Address <u>238 Second Ave</u>			Street Address		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>Greg Gerritt</u>				Date <u>4/24/23</u>	
Signature of Officer/Authorized Representative <u>Greg Gerritt</u>				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

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