

## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 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.

FILED
MAY 1 8 20

1. Entity ID Number 2. Exact name of the Corporation 001738249 Wilderness Ways Foundation 5. Brief description of the character of business conducted in Rhode Island 3. State of Incorporation Our mission is to encourage transformational wilderness experiences that Rhode Island foster awareness of self and the environment. It promotes these activities 4. NAICS Code through scholarships, subsidies, education, and program support. 813211 State Zip 6. Principal Office Address City 02818 RΙ 940 Quaker Lane Apt 505 Warwick 7. List ALL officers (names and addresses) Check the box to indicate an attachment [ President Name Ned Allyn Parker Vice-President Name Street Address 390 Stevenson Road Street Address State CT State Zip <sup>Zip</sup> 06515 City <sup>City</sup> New Haven Treasurer Name Helen Gaudette Secretary Name James Hopkins Street Address 117 Pine Glen Drive Street Address 940 Quaker Lane Apt 505 State RI State RI 02818 <sup>Zip</sup> 02818 <sup>City</sup> Warwick City East Greenwich 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment Director Name Helen Gaudette Director Name Ned Allyn Parker Street Address 940 Quaker Lane Apt 505 Street Address 390 Stevenson Road State CT State Zip 02818 City New Haven <sup>Zip</sup> 06515 City Warwick RI Director Name James Hopkins Director Name Christine Geeding Street Address 54 Hubinger Street FI1 Street Address 117 Pine Glen Drive State CT Zip 06511 State RI <sup>Zip</sup> 02818 <sup>City</sup> New Haveл City East Greenwich 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 Name of Officer/Authorized Representative 5/15/2023 **Helen J Gaudette** 

MAIL TO:

Division of Business Services

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

Signature of Officer/Authorized Representative

Phone: (401) 222-3040 Website: www.sos.ri.gov Entity ID Number:

001738249

**Corporation Name:** 

Wilderness Ways Foundation

8. List of Directors (cont.)

Christoff M Polagnoli 695 Main Street East Greenwich, RI 02818

Paul Schneider PO Box 1044 Kent, WA 98032 FILED

MAY 18 2023

BY.