



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.

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BUS SVCS DIV

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| | | | |
|--|--------------------|---|-----------------------|
| 1. Entity ID Number 0000 26728 | | 2. Exact name of the Corporation Ecology Action for Rhode Island | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Environmental education | |
| 4. NAICS Code 813312 | | | |
| 6. Principal Office Address 841 Westminster St | | City Providence | State RI |
| | | Zip 02103 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name James Connell | | Vice-President Name Jeff Bob | |
| Street Address 61 Broadway | | Street Address 2400 Division St | |
| City East Providence | State RI | City East Greenwich | State RI |
| Zip 02940 | | Zip 02940 | |
| Secretary Name Elizabeth Cameron | | Treasurer Name Elizabeth Cameron | |
| Street Address P.O. Box 6423 | | Street Address P.O. Box 6423 | |
| City Providence | State RI | City Providence | State RI |
| Zip 02940 | | Zip 02940 | |
| 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 Grant Dulgarian | | Director Name Barry Schiller | |
| Street Address 20 Exeter St | | Street Address 76 Sunset Av | |
| City Providence | State RI | City North Providence | State RI |
| Zip 02906 | | Zip 02906 | |
| Director Name Lina Cardanhe | | Director Name | |
| Street Address 45 North St | | Street Address | |
| City Providence | State RI | City | State |
| Zip | | 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. | | | |
| 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 Elizabeth (Dopier) Cameron | | | Date 6.8.23 |
| Signature of Officer/Authorized Representative Elizabeth Cameron | | | FILED 10:23 AM |