



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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.

|   |                    |  |  |                                   |                     |
|---|--------------------|--|--|-----------------------------------|---------------------|
| 1. Entry ID Number<br><b>001083152</b>  |                    | 2. Exact name of the Corporation<br><b>CONSERVEST</b>  |  |                                   |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>  |                    | 5. Brief description of the character of business conducted in Rhode Island<br><b>DOMESTIC NON-PROFIT TYPE</b> |  |                                   |                     |
| 4. NAICS Code<br><b>813312</b>  |                    | FUNDRAISING FOR LOCAL CONSERVATION CONCERNS.   |  |                                   |                     |
| 6. Principal Office Address<br><b>921 COAST GUARD RD, PO BOX 571</b>  |                    |  | City<br><b>BLOCK ISLAND</b>                      | State<br><b>RI</b>                | Zip<br><b>02807</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |  |                                   |                     |
| President Name<br><b>CAMERON GREENLEE</b>   |                    |  | Vice-President Name<br><b>TRACY FINN</b>         |                                   |                     |
| Street Address<br><b>921 COAST GUARD RD</b>   |                    |  | Street Address<br><b>PO BOX 1862</b>             |                                   |                     |
| City<br><b>BLOCK ISLAND</b>   | State<br><b>RI</b> | Zip<br><b>02807</b>  | City<br><b>BLOCK ISLAND</b>                      | State<br><b>RI</b>                | Zip<br><b>02807</b> |
| Secretary Name<br><b>ALICE ELY INAKER</b>   |                    |  | Treasurer Name<br><b>KEVIN WAUGH</b>             |                                   |                     |
| Street Address<br><b>2435 MOORE ST.</b>   |                    |  | Street Address<br><b>PO BOX 406</b>              |                                   |                     |
| City<br><b>PHILADELPHIA</b>   | State<br><b>PA</b> | Zip<br><b>19130</b>  | City<br><b>BLOCK ISLAND</b>                      | State<br><b>RI</b>                | Zip<br><b>02807</b> |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span> |                    |  |  |                                   |                     |
| Director Name<br><b>TRAVIS GREENLEE</b>   |                    |  | Director Name<br><b>TAYLOR STEVENS</b>           |                                   |                     |
| Street Address<br><b>509 COUNTRY RD. 99</b>   |                    |  | Street Address<br><b>73 DEERING ST.</b>          |                                   |                     |
| City<br><b>BLACK HAWK</b>   | State<br><b>CO</b> | Zip<br><b>80422</b>  | City<br><b>PORTLAND</b>                          | State<br><b>ME</b>                | Zip<br><b>04101</b> |
| Director Name<br><b>SCOTT MICHEL</b>  |                    |  | Director Name<br><b>KALEIGH BERNER</b>           |                                   |                     |
| Street Address<br><b>80 DAMSEN RD.</b>  |                    |  | Street Address<br><b>3495 BROADWAY, APT. 102</b> |                                   |                     |
| City<br><b>ROCHESTER</b>  | State<br><b>NY</b> | Zip<br><b>14612</b>  | City<br><b>NEW YORK</b>                          | State<br><b>NY</b>                | Zip<br><b>10031</b> |
| 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<br><b>CAMERON C. GREENLEE</b>   |                    |  |  | Date <b>CG</b><br><b>11/25/23</b> |                     |
| Signature of Officer/Authorized Representative<br>  |                    |  |  | FILED                             |                     |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040

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BY **FCCXS**  
**A.A. 1:52pm.**

2023-11-29 1:52:00 PM

*Attachment*

State of RI Dept of State- Business Services Division  
Annual Report for the year 2023  
Entity ID Number: 001083152  
Name of Corporation: ConserFest

Additionally Named Directors:

Eli Sprague  
904 Tourtellot Hill Rd.  
Scituate, RI 02857

Jacqueline Hopkins  
1865 West Side Lane  
Block Island, RI 02807

Name of Officer/Authorized Representative  
Cameron C. Greenlee

Date  
11/25/23

Signature of Officer/Authorized Representative

A handwritten signature in black ink, appearing to read 'C. Greenlee', written over a horizontal line.