



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.

2024-03-05 10:55
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1. Entry ID Number 001083152		2. Exact name of the Corporation CONSERVEST			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island DOMESTIC NON-PROFIT TYPE FUNDRAISING FOR LOCAL CONSERVATION CONCERNS.			
4. NAICS Code 813312					
6. Principal Office Address 921 COAST GUARD RD, PO BOX 571		City BLOCK ISLAND		State RI	Zip 02807
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name CAMERON GREENLEE		Vice-President Name TRACY FINN			
Street Address 921 COAST GUARD RD		Street Address PO BOX 1862			
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
Secretary Name ALICE ELY INAKER		Treasurer Name KEVIN WAUGH			
Street Address 2435 MOLEDAH ST.		Street Address PO BOX 406			
City PHILADELPHIA	State PA	Zip 19130	City BLOCK ISLAND	State RI	Zip 02807
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name TRAVIS GREENLEE		Director Name TAYLOR STEVENS			
Street Address 509 COUNTRY RD. 99		Street Address 73 DEERING ST.			
City BLACK HAWK	State CO	Zip 80422	City PORTLAND	State ME	Zip 04101
Director Name SCOTT MICHEL		Director Name KALEIGH BERNER			
Street Address 80 DAMSEN RD.		Street Address 3495 BROADWAY, APT. 102			
City ROCHESTER	State NY	Zip 14612	City NEW YORK	State NY	Zip 10031
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 CAMERON C. GREENLEE				Date CG 11/25/23	
Signature of Officer/Authorized Representative 				FILED	

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

NOV 29 2023
BY **FCCXS**
A.A. 1:52pm.

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.