

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:	1023
Non Dontil Comparation -	

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.			59	
1. Entity ID Number	2. Exact name of the Corporation					
001083152	CONSELFEST					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RIMBE MAND	DUMESTIC NON-IRAPIT TYPE					
4. NAICS Code	FUNDRAISING FOR LEEAL CONJERVATION CONNECTED.					
813312						
6 Principal Office Address	414	٠. حب ٠	City	State	Zip	
921 COAST GUARD	10,10 box 5 H		BLOCK ISLAND	RF	02807	
7 List ALL officers (names and addresses) Check the box to indicate an attachment					attachment 🗌	
President Name GACONIED			Vice-President Name TRACY FINN			
Street Address 921 COAST GUARD LO			Street Address			
City LOCK BUM	State RI	Zip 02207	City BLOCK ISLAND	State	21p 62607	
Secretary Name  AUCE ELY INNKE	r_		Treasurer Name			
Street Appress 2435 MOREO 014 80.			Street Address 406			
City PHYLAD ELPHIA	State PA	Zip 19/30	City BLOCK 18 LAND	State 21	ZiBZEWF	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name THINS GILLENGE			Director Name TAYLOR STEVENS			
Street Address 589 COUNTY PD. 97			Street Address + 3 OCCLUYG ST.			
City POLACK HAWK	State	Zip 80422	City POKETLIND	State C	Zip 04161	
Director Name 5C+TT MCHEL			Director Name KALEICH BERMER			
Street Address BO DAMSEU PO.			Street Address Browny, APT. 102			
City COCHEGGER	State NY	zip 14612	City NEW YORK	State NY	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, duty Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative			Date C4	11/25/28		
Signature of Office //Authorized Rep	FILED					
MAIL TO:			· · · · · · · · · · · · · · · · · · ·			

Division of Business Services

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

Phone: (401) 222-3040

## 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