



**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.

FILED

JAN 23 2024

1736
[Signature]

1. Entity ID Number 001741305		2. Exact name of the Corporation The Solar Initiative of Block Island, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island The development, promotion and advancement of renewable energy systems on Block Island			
4. NAICS Code 813319					
6. Principal Office Address The First Baptist Church, 21 Water Street			City Block Island	State RI	Zip 02807
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Anthony G. Pappas			Vice-President Name Thomas Durden		
Street Address PO Box 1454			Street Address PO Box 730		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name John Spier			Treasurer Name Pete Tweedy		
Street Address PO Box 1177			Street Address PO Box 701		
City Block Island	State RI	Zip 02807	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 <input type="checkbox"/>
Director Name Seth Draper			Director Name Thomas Durden		
Street Address PO Box I			Street Address PO Box 730		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name John Spier			Director Name Anthony G. Pappas		
Street Address PO Box 1177			Street Address PO Box 1454		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Anthony G. Pappas				Date 1-18-24	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
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 Website: www.sos.ri.gov