



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001760708

**2. Name of Corporation** WildRoots Play

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

712190

**4. Principal Office Address**

No. and Street: 36 NIAANTIC HWY

City or Town: CHARLESTOWN

State: RI

Zip: 02813

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS

ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: WE ARE AN OUTDOOR PLAY PROGRAM. THE GOAL OF OUR NONPROFIT IS TO FORM A STRONG COMMUNITY THAT FOSTERS A DEEP CONNECTION WITH THE NATURAL WORLD THROUGH RICH, CHILD-INITIATED PLAY IN NATURE, FOR THE HEALTHY DEVELOPMENT OF THE CHILDREN NOW AS THEY GROW INTO FUTURE STEWARDS OF OUR LOCAL ECOSYSTEMS AND THE ENTIRE PLANET.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ANNEKE HUYGHEBAERT	36 NIAN TIC HWY CHARLESTOWN, RI 02813 USA
TREASURER	WILLIAM WILLIS	36 NIAN TIC HWY CHARLESTOWN, RI 02813 USA
SECRETARY	GAYLYNN HUYGHEBAERT	36 NIAN TIC HWY CHARLESTOWN, RI 02813 USA
CO-PRESIDENT	ASHLEY WILLIS	36 NIAN TIC HWY CHARLESTOWN, RI 02813 USA
DIRECTOR	HOLLY BRIDEAU	36 NIAN TIC HWY. CHARLESTOWN, RI 02813 USA
DIRECTOR	CRAIG BRIDEAU	36 NIAN TIC HWY. CHARLESTOWN, RI 02813 USA
DIRECTOR	ASHLEY WILLIS	36 NIAN TIC HWY. CHARLESTOWN, RI 02813 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BLVD., SUITE 200 WARWICK , RI 02888

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 29 Day of March, 2024 at 2:38:27 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ANNEKE HUYGHEBAERT  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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