		of Rhode Island e Secretary of State	Fee: \$20.00	
		Of Business Services		
	-	W. River Street		
1636		ce RI 02904-2615 1) 222-3040		
		1) 222-30+0		
Non-Profit Corpora Annual Report	ation			
Filing Period: Februar	ry 1 - May 1			
	I.G.L. 7-6-94, each corpora ne time prescribed by law (
ANNUAL REPORT Y	EAR - ENTER THE CURREN	T YEAR 2024 : <u>2024</u>		
1. Corporate ID No. 000072186				
2. Name of Corporation ENVIRONMENTAL AWARENESS FOUNDATION				
3. State of Incorport	ation			
State: <u>RI</u>				
	NA	CS 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 <u>click here.</u>				
NAICS Code				
<u>813312</u>				
4. Principal Office A	ddress			
No. and Street:	<u>98 LAURISTON ST</u>			
City or Town:	PROVIDENCE	State: <u>RI</u> Zip: <u>029</u>	06 Country: <u>USA</u>	
5. Brief Description	of the Character of the Aff	airs Conducted in Rhode	Island	
TO ENGAGE IN T	RAINING PERSONS IN	THE FIELD OF GLOBA	AL ENVIRONMENTAL	
ISSUES, TECHNOLOGIES AND LAWS IMPACTING ECONOMIC AND COMMUNITY				
DEVELOPMENT AND EDUCATION.				
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.				
1				

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
EXECUTIVE DIRECTOR	LINDA NILSSON	98 LAURISTON ST PROVIDENCE, RI 02906 USA
DIRECTOR	FEDERICO GORDO	653 NW 89TH AVE PLANTATION, FL 33324 USA
DIRECTOR	MARY GOODING	209 NARRAGANSETT AVE JAMESTOWN, RI 02835 USA
DIRECTOR	GREG CORTES	URB VILLA AVILA, 1-1 CALLE PONCE, 15B GUAYNABO, PR 00969 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

LINDA R. NILSSON <u>98 LAURISTON ST PROVIDENCE</u>, <u>RI 02906</u>

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

Signed this 12 Day of April, 2024 at 12:10:08 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 **LINDA NILSSON**

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved