



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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.

1. Entity ID Number <u>001733520</u>		2. Exact name of the Corporation <u>Native Green</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Indigenous Native led community based environmental justice for restoring the balance of Mother Earth & Grandfather Ocean</u>	
4. NAICS Code <u>812990</u>			
6. Principal Office Address <u>166 Valley Street Suite #103 Bldg 6M</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02909</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Randy R. Noka</u>		Vice President Name <u>Antonio Beltran</u>	
Street Address <u>166 Valley St. Bldg 6M Suite 103</u>		Street Address <u>166 Valley St. Bldg 6M Suite 103</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
Secretary Name <u>Rochelle Lee</u>		Treasurer Name <u>Taylor Dumpson</u>	
Street Address <u>166 Valley St. Bldg 6M Suite 103</u>		Street Address <u>166 Valley St. Bldg 6M Suite 103</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Randy R. Noka</u>		Director Name <u>Antonio Beltran</u>	
Street Address <u>166 Valley St. Bldg 6M Suite 103</u>		Street Address <u>166 Valley St.</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
Director Name <u>Rochelle Lee</u>		Director Name <u>Taylor Dumpson</u>	
Street Address <u>166 Valley St. Bldg 6M Suite 103</u>		Street Address <u>166 Valley St. Bldg 6M Suite 103</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
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 <u>Bella Noka</u>		Date <u>4-18-2024</u>	
Signature of Officer/Authorized Representative <u>Bella Noka</u>		FILED	
		APR 18 2024	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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