



Department of State - Business Services Division

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Annual Report for the year: 2024
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000542987		2. Exact name of the Corporation Living on the Edge			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote knowledge of climate change, sea level rise and storm damage on the human and natural landscape.			
4. NAICS Code 813312					
6. Principal Office Address 15 Elton Street		City Providence	State RI	Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kathie Florsheim		Vice-President Name			
Street Address 15 Elton Street		Street Address			
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Janet Freedman		Treasurer Name Constance Mussells			
Street Address 41 - C Oak Street		Street Address 5099 Night Hawk Drive NE			
City Providence	State RI	Zip 02909	City Rio Rancho	State NM	Zip 87144
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Kathie Florsheim		Director Name Constance Mussells			
Street Address 15 Elton Street		Street Address 5099 Night Hawk Drive NE			
City Providence	State RI	Zip 02906	City Rio Rancho	State NM	Zip 87144
Director Name Janet Freedman		Director Name Christopher Little			
Street Address 41 -C Oak Street		Street Address 125 Fresh Meadow Rd			
City Providence	State RI	Zip 02909	City Wakefield	State RI	Zip c
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Kathie Florsheim				Date 4.25.2024	
Signature of Officer/Authorized Representative <i>Kathie Florsheim</i>		SIGN DOCUMENT HERE FILED			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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#8) Continuation of list of Directors for **Living on the Edge**

- Kathleen Hancock
14 Washington Street / Apt 1
Warren, RI 02885

- Sandra Miller
62 Hebert Rd.
Arlington, MA. 02472