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**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.

1. Entity ID Number 000136198		2. Exact name of the Corporation Toxics Information Project (TIP)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Informing and advocating on the effects of toxic chemicals and damaging electromagnetic radiation sources in everyday life.			
4. NAICS Code 813319					
6. Principal Office Address PO Box 40572			City Providence	State RI	Zip 02940
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen Dahl			Vice-President Name Liberty Goodwin		
Street Address 36 Drame Drive			Street Address 29 Braham St., #2		
City Kingston	State RI	Zip 02881	City Providence	State RI	Zip 02906
Secretary Name Liberty Goodwin			Treasurer Name Paul Klinkman		
Street Address 29 Braham St., #2			Street Address 29 Braham St., #2		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Sheila Ressenger			Director Name Christine Pontus		
Street Address 50 Malvern Ave.			Street Address 72 Bluff Ave.		
City Cranston	State RI	Zip 02905	City Worwick	State RI	Zip 02884
Director Name Wendy Faxon			Director Name Jason Caldina		
Street Address 51 Pricewood Dr.			Street Address 29 Braham St.		
City East Greenwich	State RI	Zip 02818	City Providence	State RI	Zip 02906
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 Paul Klinkman					Date 5/5/2024
Signature of Officer/Authorized Representative Paul Klinkman					

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

FILED

MAY 14 2024
BY EGRX

FORM 631 - Revised: 04/2023

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