



**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDGS 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.

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|--|--|
| 1. Entity ID Number 000485448 | 2. Exact name of the Corporation The Rhode Island Society of Environmental Professional |
| 3. State of Incorporation Rhode Island | 5. Brief description of the character of business conducted in Rhode Island nonprofit corporation formed to encourage and facilitate the development and support of the environmental services industry in Rhode Island. |
| 4. NAICS Code 813910 | |

| | | | |
|---|---------------------------|--------------------|---------------------|
| 6. Principal Office Address 188 Valley Street Suite 300 | City Providence | State RI | Zip 02909 |
|---|---------------------------|--------------------|---------------------|

| | | | | | |
|---|-------|-----|---------------------|-------|-----|
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | | | |
| President Name | | | Vice-President Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| | | | | | |
|---|-------|-----|----------------|-------|-----|
| 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 | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

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 Richard Carlone | FILED | Date 8/27/24 |
| Signature of Officer/Authorized Representative | | |

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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President-Christine Dieter: Hinkley Allen, 100 Westminster St. #1500, Providence RI 02903

Vice President-David Payne P.E.: Loureiro, 42 Oriental St, Providence, RI 02908

Treasurer-Matthew Hackman, 97 Asylum Rd, Warwick, RI 02886

Secretary- Rowan Hayes, P.E.: GZA, 188 Valley Street, providence RI 02909

Director-Chris Flannery, EIT: Fuss & O'Neill, 317 Iron Horse Way Suite 204 | Providence, RI 02908

Director-Dr. Soni Pradhanang: URI, 9 E. Alumni Ave, Kingston, RI 02881

Director-Jim Belcastro APTIM, 150 Royall St 2nd Floor, Canton, MA 02021

Director-Michael Donegan: Orson and Brusini, 211 Quaker Ln, West Warwick, RI 02893

Director-Richard Carlone, P.E.: GZA 188 Valley Street, Providence RI 02909

Director-Fred Bevans, VHB, 1 Cedar St Suite 400, Providence, RI 02903

Director-Joanna Pawlina, RIDEM, 235 Promenade St, Providence, RI 02908