

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

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| → Filing period: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. | | | | | 9SD 24:04 | | |
|---|----------------------|--|--|-------------------------------|-----------------|--|--|
| 1. Entity ID Number 000485448 | 1 | 2. Exact name of the Corporation The Rhode Island Society of Environmental Professional | | | | | |
| 3. State of Incorporation Rhode Island | nonprof | 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 | dila sup | | ivijoriine mar berviete indi | 20117 111 111000 10 | | | |
| 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 🗸 | | | | |
| 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 an | d addresses). R | 1 Corporations MU | JST list at least THREE directors. | Check the box to indicate | e an attachment | | |
| 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 inform | ation of record v | with the RI Depart | ment of State is accurate. Change | s require filing Form 6 | 41. | | |
| Under penalty of perjury, I de statements, and that all state | | | mined this report, including any e and correct. | accompanying sche | dules and | | |
| This report must be signed by either the | President, Vice-Pres | sident, Secretary, Assis | stent Secretary, Treesurer, duly Authorized F | Representative, Receiver or 1 | Trustee. | | |
| Name of Officer/Authorized Representative | | | | Date | | | |
| Richard Carlone | | AUG 2 8 2024 | 8/27/24 | | | | |
| Signature of Officer/Authorized | | | BY STYCH | | | | |
| MAIL TO: Division of Business Services | | | 924 B | <u>3</u> | | | |

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website:www.sos.ri.gov 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