RI SOS Filing Number: 202460862730 Date: 10/28/2024 3:30:00 PM



State of Rhode Island

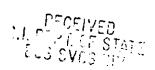
Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00



3024 OCT 28 P 3: 20

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					
1. Entity ID Number 001738827	Exact name of the Corporation Solar United Neighbors				
State of Incorporation District of Columbia	Brief description of the character of business conducted in Rhode Island Solar United Neighbors was organized to build and promote locally based				
4. NAICS Code 541620	renewable energy projects and policies in order to protect the environment and human health.				
6. Principal Office Address 1350 Connecticut Ave NW Ste 412			City Washington	State DC	Zip 20036
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Anya Schoolman			Vice-President Name Angela DeMonbreun		
Street Address 1350 Connecticut Ave NW Ste 412			Street Address 1350 Connecticut Ave NW Ste 412		
^{City} Washington	State DC	^{Zip} 20036	^{City} Washington	State DC	^{Zip} 20036
Secretary Name Lisa Hamilton			Treasurer Nanie Wendy Hauenstein		
Street Address 1350 Connecticut Ave NW Ste 412			Street Address 1350 Connecticut Ave NW Ste 412		
^{City} Washington	State DC	^{Zip} 20036	^{City} Washington	State DC	^{Zip} 20036
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to Indicate an attachment.					
Director Name Courtney Cuff			Director Name Wendy Hauenstein		
Street Address 1350 Connecticut Ave NWSuite 412			Street Address 1350 Connecticut Ave NWSuite 412		
^{City} Washington	State DC	^{Zip} 20036	^{City} Washington	State DC	Zip 20036
Director Name Lisa Hamilton			Director Name		
Street Address 1350 Connecticut Ave NWSuite 412			Street Address		
^{City} Washington	State DC	^{Zip} 20036	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, duty Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Anya Shoolman Signature of Officer/Authorized Representative				10/23/2024	
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.rl.gov

FORM 631- Revised: 12/2023