



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
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 001738827		2. Exact name of the Corporation Solar United Neighbors			
3. State of Incorporation District of Columbia		5. Brief description of the character of business conducted in Rhode Island Solar United Neighbors was organized to build and promote locally based renewable energy projects and policies in order to protect the environment and human health.			
4. NAICS Code 541620					
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 <input type="checkbox"/>					
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 Name 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 <input type="checkbox"/>					
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.					
<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 Anya Schoolman					Date 10/23/2024
Signature of Officer/Authorized Representative 					

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

OCT 28 2024
BY **Z32SW**

FORM 631- Revised: 12/2023

AA. 3:30 PM.