



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2024 DEC 30 P 12:00

1. Entity ID Number 001704387		2. Exact name of the Corporation Project Offset	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Inactive - intended business was to sell carbon offsets	
4. NAICS Code 541620			
6. Principal Office Address 50 Pound Road		City Cumberland	State RI Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Matthew Lepine		Vice-President Name	
Street Address 833 Madison Place		Street Address	
City Southborough	State MA	Zip 01772	City State Zip
Secretary Name Luke Jackson		Treasurer Name Daniela Miranda	
Street Address 117A Hayden Road		Street Address 833 Madison Place	
City Groton	State MA	Zip 01450	City Southborough State MA Zip 01772
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 Matthew Lepine		Director Name Daniela Miranda	
Street Address 833 Madison Place		Street Address 833 Madison Place	
City Southborough	State MA	Zip 01772	City Southborough State MA Zip 01772
Director Name Luke Jackson		Director Name	
Street Address 117A Hayden Road		Street Address	
City Groton	State MA	Zip 01450	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 Matthew Lepine			Date 11/24/2024
Signature of Officer/Authorized Representative 			FILED DEC 30 2024 BY 2032 Z 12:02