



**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.

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

2024 DEC 30 P 12:00

1. Entity ID Number <b>001704387</b>		2. Exact name of the Corporation <b>Project Offset</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Inactive - intended business was to sell carbon offsets</b>			
4. NAICS Code <b>541620</b>					
6. Principal Office Address <b>50 Pound Road</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Matthew Lepine</b>			Vice-President Name		
Street Address <b>50 Pound Road</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name <b>Luke Jackson</b>			Treasurer Name <b>Daniela Miranda</b>		
Street Address <b>117A Hayden Road</b>			Street Address <b>200 Woodview Way, Apt. 2305</b>		
City <b>Groton</b>	State <b>MA</b>	Zip <b>01450</b>	City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Matthew Lepine</b>			Director Name <b>Daniela Miranda</b>		
Street Address <b>50 Pound Road</b>			Street Address <b>200 Woodview Way, Apt. 2305</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>
Director Name <b>Luke Jackson</b>			Director Name		
Street Address <b>117A Hayden Road</b>			Street Address		
City <b>Groton</b>	State <b>MA</b>	Zip <b>01450</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Matthew Lepine</b>				Date <b>11/24/2024</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b>	
<b>DEC 30 2024</b>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

BY **2032 Z**  
  
**12:01**