



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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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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Matthew Lepine			Vice-President Name		
Street Address 50 Pound Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Luke Jackson			Treasurer Name Daniela Miranda		
Street Address 117A Hayden Road			Street Address 200 Woodview Way, Apt. 2305		
City Groton	State MA	Zip 01450	City Franklin	State MA	Zip 02038
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 Matthew Lepine			Director Name Daniela Miranda		
Street Address 50 Pound Road			Street Address 200 Woodview Way, Apt. 2305		
City Cumberland	State RI	Zip 02864	City Franklin	State MA	Zip 02038
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.					
<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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Matthew Lepine</b>				Date <b>11/24/2024</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b> DEC 30 2024 BY 2032 Z 12:01	

MAIL TO:  
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