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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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.

1. Entity ID Number: 000133520	2. Exact name of the Corporation: Native Green
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Native/Indigenous led, community based, environmental justice for ocean restoring the balance of Mother Earth & Grand Fathe
4. NAICS Code: 813990	
6. Principal Office Address: 1164 Valley Street Bldg 6M Suite #103	City: Providence State: RI Zip: 02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kandy R. Noka Bldg 6M Suite 103	Vice-President Name: Antonio Beltran
Street Address: 1164 Valley Street,	Street Address: 1164 Valley St. Bld 6M Suite 103
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02909
Secretary Name: Rochelle Lee	Treasurer Name: Taylor Dumpson
Street Address: 1164 Valley Street	Street Address: 1164 Valley St.
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02909

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Kandy Noka	Director Name: Antonio Beltran
Street Address: 1164 Valley St Bld 6M S.103	Street Address: 1164 valley st Bld 6M 103
City: Providence State: RI Zip: 02901	City: Providence State: RI Zip: 02909
Director Name: Rochelle Lee	Director Name: Taylor Dumpson
Street Address: 1164 Valley St - Bld 6M	Street Address: 1164 Valley St Bld 6M 103
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02909

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, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative: Belle Noka — FILED — Date: 1-17-25

Signature of Officer/Authorized Representative: Belle Noka — JAN 17 2025 — BY [illegible]

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

FORM 631- Revised: 04/2023