



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.

FILED

FEB 17 2025

BY 1004
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1. Entity ID Number <u>006134067</u>		2. Exact name of the Corporation Rhode Island Envirothon			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote and enhance environmental education.			
4. NAICS Code 611110					
6. Principal Office Address 2283 Hartford Avenue			City Johnston	State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter Stetson			Vice-President Name None		
Street Address 153 New London Turnpike			Street Address		
City Wyoming	State RI	Zip 02898	City	State	Zip
Secretary Name Norm Hammond			Treasurer Name Paul M. Ricard		
Street Address 25 Old Hartford Pike			Street Address 1 Larry Bird Drive		
City Foster	State RI	Zip 02825	City Chepachet	State RI	Zip 02814
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 Peter Stetson			Director Name Paul M. Ricard		
Street Address 153 New London Turnpike			Street Address 1 Larry Bird Drive		
City Foster	State RI	Zip 02825	City Chepachet	State RI	Zip 02814
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.					
<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 Paul M. Ricard				Date 2/5/2025	
Signature of Officer/Authorized Representative <i>Paul M. Ricard</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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