RI SOS Filing Number: 202565647070 Date: 2/19/2025 4:00:00 PM



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

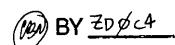
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→ Filing Fee \$20.00 → Penalty Additional \$25.00 fee if form is not filed by May 31							
1. Entity ID Number 001760708		2 Exact name of the Corporation WildRoots Play					
State of Incorporation Rhode Island	We are an	5 Brief description of the character of business conducted in Rhode Island We are an outdoor play program that encourages children and families to					
4. NAICS Code 712190	connect w	connect with their community and the natural world through play.					
6. Principal Office Address 148 Dunns Corner Bradford Road			City Westerly	State RI	Zip 02891		
7. List ALL officers (names and	addresses)		•	Check the box to indicate a	n attachment		
President Name Anneke Huyghebaert			Vice-President Name Holly Brideau				
Street Address 65 Denison Hill Road			Street Address 150 Dunns Corner Bradford Road				
City North Stonington	State CT	Z ^{ιρ} 06359	City Westerly	State RI	Zip 02891		
Secretary Name Gaylynn Huyghebaert			Treasurer Name Amanda Kindle				
Street Address 101 Tortolano Road			Street Address 2 Boombridge Road				
^{City} Royalton	State VT	^{Zip} 05068	City Westerly	State RI	Žip 02891		
8. List ALL directors (names and	d addresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indicate a	an attachment		
Director Name Craig Brideau			Director Name Cecelia Laput				
Street Address 150 Dunns Corner Bradford Road			Street Address 285 West Shore Avenue				
^{Crty} Westerly	State RI	Z _{ip} 02891	City Groton	State CT	Z _{IP} 06340		
Director Name Amanda Kindle			Director Name Holly Brideau				
Street Address 2 Boombridge Road			Street Address 150 Dunns Corner Bradford Road				
City Westelry	State RI	^{Zip} 02891	City Westerly	State RI	Z _{IP} 02891		
9. The Registered Agent inform	ation of record with	the RI Departmen	t of State is accurate. Change	es require filing Form 64			
Under penalty of perjury, I destatements, and that all states				accompanying sched	ules and		
This report must be signed by either the	President, Vice-Preside	nt, Secretary Assistant S	Secretary, Treasurer, duly Authorized F	Representative, Receiver or Tru	stee		
Name of Officer/Authorized Rep	Date						
Anneke Huyghebae	ert			02/16/20	25		
Signature of Officer/Authorized I	- A		FILED 9:50				
MAIL TO:		-	FEB 1.9 2025				

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri.gov



001760708 WildRoots Play Attachment

Additional Directors:

- 1. Anneke Huyghebaert 65 Denison Hill Road North Stonington, CT 06359
- 2. Gaylynn Huyghebaert 101 Tortolano Road Royalton, VT 05068