



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

**1. Corporate ID No.** 001717495

**2. Name of Corporation** Conscious Expressions Incorporated

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

**4. Principal Office Address**

No. and Street: 511 TRIPPS CORNER ROAD

City or Town: EXETER

State: RI Zip: 02822 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

CONSCIOUS EXPRESSIONS INCORPORATED IS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE PURPOSE OF CONSCIOUS EXPRESSIONS INCORPORATED IS TO PROVIDE EDUCATION TO THE PUBLIC ON THE SUBJECTS OF CONSCIOUSNESS AND THE RELATIONSHIP BETWEEN ENERGY AND MATTER, AS WELL AS TO MAKE SERVICES AND TECHNOLOGIES RELATED TO THOSE SUBJECTS AVAILABLE TO THE PUBLIC VIA BOTH IN-PERSON AND VIRTUAL EVENTS

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	HEATHER NEWKIRK	34 PIETILA ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	COREY NEWKIRK	90 CONGDON DRIVE WAKEFIELD, RI 02879 USA
DIRECTOR	ROSS NEWKIRK	34 PIETILA ROAD CHARLESTOWN, RI 02813 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ROSS NEWKIRK 34 PIETILA ROAD CHARLESTOWN , RI 02813

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 10 Day of March, 2025 at 11:12:39 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ROSS NEWKIRK  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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