

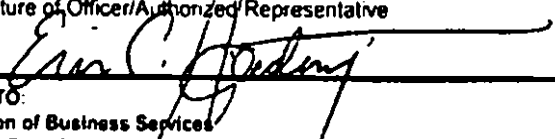


State of Rhode Island
Department of State - Business Services Division

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
APR 11 2025
BY 145

1. Entity ID Number 866223		2. Exact name of the Corporation Innovative Policy Lab			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The non-partisan, non-profit conducts economic research and provides economic and public policy consulting to government and private entities.			
4. NAICS Code 541720					
6. Principal Office Address PO BOX 3038			City JUPITER	State FL	Zip 33469
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JUSTINE HASTINGS			Vice-President Name ERIC CHYN		
Street Address PO BOX 3038			Street Address PO BOX 3038		
City JUPITER	State FL	Zip 33469	City JUPITER	State FL	Zip 33469
Secretary Name ERIN HASTINGS			Treasurer Name SAME AS SECRETARY		
Street Address PO BOX 3038			Street Address		
City JUPITER	State FL	Zip 33469	City	State	Zip
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 JUSTINE HASTINGS			Director Name ERIC CHYN		
Street Address PO BOX 3038			Street Address PO BOX 3038		
City JUPITER	State FL	Zip 33469	City JUPITER	State FL	Zip 33469
Director Name ERIN HASTINGS			Director Name		
Street Address PO BOX 3038			Street Address		
City JUPITER	State FL	Zip 33469	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 ERIN HASTINGS				Date 04/02/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:
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