



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
STATE OF RHODE ISLAND  
BUREAU OF BUSINESS SERVICES  
MAY 10 2025 10:12 AM

1. Entity ID Number 001737802		2. Exact name of the Corporation Environments for Health (Northeast), Inc.			
3. Principal Office Address 2300 St. George Rd #201			City Williston	State VT	Zip 05495
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island Architecture and Planning Services			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Richard Whitaker			Vice-President Name		
Street Address 2300 St. George Rd #201			Street Address		
City Williston	State VT	Zip 05495	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Richard Whitaker			Director Name		
Street Address 2300 St. George Rd #201			Street Address		
City Williston	State VT	Zip 05495	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE 0.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative Richard Whitaker				Date 5/7/2025	
Signature of Authorized Representative					

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

FILED  
MAY 09 2025  
BY DY3NZ  
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