



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. 001706217

2. Name of Corporation The Community Compost Depot Inc

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
813312

4. Principal Office Address

No. and Street: 226 SUMMIT AVENUE
3RD FLOOR

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

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

TO EDUCATE, CONSULT AND/OR CONDUCT SCIENTIFIC RESEARCH ABOUT HELPING CITIES/TOWNS, COMMUNITIES, BUSINESSES, RESTAURANTS AND SCHOOLS SAVE MONEY BY REDUCING AND REPURPOSING ORGANIC FOOD AND YARD WASTE INTO COMPOST AND OTHER ENVIRONMENTALLY FRIENDLY PRODUCTS.AND, TO CARRY ON ANY OTHER LAWFUL ACTIVITY OR BUSINESS IN SUPPORT AND TO THE BENEFIT OF THE FOREGOING STATED PURPOSE AS MAY BE CARRIED ON BY AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND BY A CORPORATION FORMED UNDER THE RHODE ISLAND NONPROFIT CORPORATION ACT, RI GENERAL LAWS 7-6 ET SEQ.

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT/EXECUTIVE DIRECTOR	MICHAEL J BRADLEE	226 SUMMIT AVE FL 3 PROVIDENCE, RI 02906 USA
DIRECTOR	SUBHADRA NEWTON	226 SUMMIT AVE FL 3 PROVIDENCE, RI 02906 USA
DIRECTOR	RICHARD ESPEUT	48 RADCLIFFE AVE PROVIDENCE, RI 02908 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

MICHAEL BRADLEE 226 SUMMIT AVENUE, 3RD FLOOR PROVIDENCE , RI 02906

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

Signed this 12 Day of May, 2025 at 9:06:10 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 MICHAEL J BRADLEE
Signature of Authorized Person

Form No. 631
Revised 09/07

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