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.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 178460 | The Climate Resilience Fund) |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: Streaming the flow of private capital to offset the costs of severe weather on communities nationwide. |
| 4. NAICS Code: 813312 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 31 Cranston Ave., Unit 1 | Newport | RI | 02840 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| Kenneth H Smith | |
| Street Address: 31 Cranston Ave., Unit 1 | Street Address |
| City: Newport; State: RI; Zip: 02840 | City; State; Zip |
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| City; State; Zip | 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 ☐

| Director Name | Director Name |
|---|---|
| Kenneth Smith | Anne Marie Bierbacki |
| Street Address: 31 Cranston Ave. Unit 1 | Street Address: 31 Cranston Ave. Unit 1 |
| City: Newport; State: RI; Zip: 02840 | City: Newport; State: RI; Zip: 02840 |
| Director Name: Kenneth Newman | Director Name |
| Street Address: 23 Avenue B | Street Address |
| City: Jamestown; State: RI; Zip: 02835 | 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.***

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

| Name of Officer/Authorized Representative | Date |
|---|---|
| Kenneth H. Smith | 5/3/25 |

Signature of Officer/Authorized Representative:

**FILED**

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

MAY 04 2025
BY
Confirm 130f252 DS 10:55

Form 631 - Revised 12/2023