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: 1769460	2. Exact name of the Corporation: 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: Kenneth H Smith			Vice-President Name:		
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: Kenneth Smith			Director Name: 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	5/31/25

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

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