



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.

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FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001707014		2. Exact name of the Corporation Renew New England Alliance			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Research and education to protect and improve the natural environment and advance economic and racial equity.			
4. NAICS Code 813319					
6. Principal Office Address 91 Williams St		City Providence		State RI	Zip 02906
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐					
President Name Mariama White-Hammond			Vice-President Name		
Street Address 62 Romsey St. Unit 3			Street Address		
City Dorchester	State MA	Zip 02125	City	State	Zip
Secretary Name Vivek Maru			Treasurer Name Kevin Simowitz		
Street Address 1224 W St. NW			Street Address 235 Brighton Ave.		
City Washington	State DC	Zip 20009	City Portland	State ME	Zip 04102
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Vivek Maru			Director Name Matthew Brown		
Street Address 1224 W St. NW			Street Address 91 Williams St.		
City Washington	State DC	Zip 20009	City Providence	State RI	Zip 02906
Director Name Mariama White-Hammond			Director Name		
Street Address 62 Romsey St. Unit 3			Street Address		
City Dorchester	State MA	Zip 02125	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, Receiver or Trustee.					
Name of Officer/Authorized Representative Matthew Brown				Date 6/3/2025	
Signature of Officer/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

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BY VAAQT

FORM 631- Revised 12/2023