

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.3

Filing Period: June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with Filed. 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

1. Corporate ID No. DNP-103408	Green Light Four						
.,	T Green Light Four		2. Name of Corporation				
					<u></u>		
3. State of Incorporation	4. Corporate address in		Address	City	Zip		
Rhode Island	117 Highland Av	/enue		Barrington	02806		
5. Foreign corporation. Enter prin	cipal office address		City	State	Zip		
6. Brief Description of the character	of the affairs which are a	ctually conducted in R	hode Island	1			
Design and manage educat	tional activities relat	ed to sustainable	environmental technologies	s and practices			
7. NAMES AND ADDRESSES	S OF THE OFFICER	\$: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SI	PACES BEFORE USING AT	TACHMENTS		
President Name			Vice President Name				
Kevin Dye							
Street Address			Street Address				
132 Rhoda Street							
City	State	Zip	City	State	Zip		
Quincy	MA	02169		İ			
Secretary Name			Treasurer Name		•		
Thomas Flanagan			Michael A. Smith				
Street Address 117 Highland Avenue			Street Address 4 Burke Road				
City	State	Zip	City	State	Zip		
Barrington	RI	02806	Bristol	RI	02890		
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR	ATTACHMENT) FILL IN SI				
THE NUMBER OF DIRECTO		and the second second second second	· · · · · · · · · · · · · · · · · · ·	the second secon	4. A. M.		
Director Name			Director Name				
Thomas Flanagan			Michael A. Smith				
Street Address			Street Address				
117 Highland Avenue			4 Burke Road				
City	State	Zip	City	State	Zip		
Barrington	RI	02806	Bristol	RI	02890		
Director Name	1	102000	Director Name	110	102000		
Matthew D. Weaver			2 delet frame				
Street Address			Street Address				
10 Kilcarn Court							
City	State	Zip	City	State	Zip		
Navan	County Meath	ireland			-*		
9. REGISTERED AGENT IN I			Changes require filing of	Form 641 - R.I.G.L. 7-6-1	3 / 7-6-78		
Agent Name	•		Address				
Thomas Flanagan							
Address			City	Zip			
117 Highland Avenue			Barrington	0.28	02806		

D N P - 1 0 3 4 D 8	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date FILED Check No. MAY 2 8 2008	Signature of Officer Thomas Flanagan
By: By FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Secretary Title of Officer