



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2023
Non-Profit Corporation

FILED
MAY 18 2023
BY 10765

- 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 001738249		2. Exact name of the Corporation Wilderness Ways Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Our mission is to encourage transformational wilderness experiences that foster awareness of self and the environment. It promotes these activities through scholarships, subsidies, education, and program support.			
4. NAICS Code 813211					
6. Principal Office Address 940 Quaker Lane Apt 505			City Warwick	State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ned Allyn Parker			Vice-President Name		
Street Address 390 Stevenson Road			Street Address		
City New Haven	State CT	Zip 06515	City	State	Zip
Secretary Name James Hopkins			Treasurer Name Helen Gaudette		
Street Address 117 Pine Glen Drive			Street Address 940 Quaker Lane Apt 505		
City East Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Ned Allyn Parker			Director Name Helen Gaudette		
Street Address 390 Stevenson Road			Street Address 940 Quaker Lane Apt 505		
City New Haven	State CT	Zip 06515	City Warwick	State RI	Zip 02818
Director Name James Hopkins			Director Name Christine Geeding		
Street Address 117 Pine Glen Drive			Street Address 54 Hubinger Street F11		
City East Greenwich	State RI	Zip 02818	City New Haven	State CT	Zip 06511
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Helen J Gaudette				Date 5/15/2023	
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

Entity ID Number: . 001738249

Corporation Name: Wilderness Ways Foundation

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BY *107*
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8. List of Directors (cont.)

Christoff M Polagnoli
695 Main Street
East Greenwich, RI 02818

Paul Schneider
PO Box 1044
Kent, WA 98032