



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 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 to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No. 000105764

2. Name of Corporation Planet Aid, Inc.

3. State of Incorporation

State: MA

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
812990

4. Principal Office Address

No. and Street: 47 SUMNER STREET

City or Town: MILFORD

State: MA

Zip: 01757

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO COLLECT USED CLOTHES THROUGH DROP OFF BOXES AND DOOR-TO-DOOR CAMPAIGNS TO HELP PEOPLE IN AFRICA, LATIN AMERICA AND ELSEWHERE.

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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TREASURER	EVA NIELSEN	47 SUMNER ST. MILFORD, MA 01757 USA
CHAIRMAN	MIKAEL NORLING	47 SUMNER ST. MILFORD, MA 01757 USA
DIRECTOR	FRED OLSSON	47 SUMNER STREET MILFORD, MA 01757 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK ,
RI 02888

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 9 Day of June, 2023 at 10:48:01 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MONICA STEPHENS
Signature of Authorized Person

Form No. 631
Revised 09/07

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