RI SOS Filing Number: 2023 1771920 Date: 9/18/2023 2:59:00 PM



State of Rhode Island

Department of State - Business Services on

Annı	ual	Rep	ort	for	thæye	ar:
	D-4	.E.A C	`	<u>.</u>	-4:	_

2023

RECEIVED 'SECRETARY OF STATE CORPORATIONS DIV

2023 SEP 18 PM 2: 59

Non-Profit Corporation Filing period: February 1 - May 1

→ Filing Fee: \$20.00

> Penalty: Additional \$25.00 fee if	i torm is not tiled by	May 31.	_	<u>-</u>	·, 2· Jy					
1. Entity ID Number	2. Exact name of the Corporation									
000294185	PHOTE ISLAND INTERPRITH DOWER AND LIGHT, INC.									
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island									
RI	TO FAISE AWARENESS MOONT WIMATE CHANGE									
4. NAICS Code	AND PROMPE RELATED SPIRITUAL TEACHINGS,									
813312	PRUGA	eamm/Nb	and buildan	Œ						
6. Principal Office Address			City	State	Zip					
20 Division Str	eet		Navpar	RI	02840					
7. List ALL officers (names and ad	dresses)		Check	the box to indicate an	attachment					
President Name Sarah W	nitenous	ره	Vice-President Name							
Street Address 20 Divisio			Street Address							
City Newport	State RI	zip 02340	City	State	Zip					
Secretary Name Martina	mullar	1	Treasurer Name							
Street Address 19 Altu	i Avena e	<u></u>	Street Address							
City KINGSTON	State PI	zip 02881	City	State	Zip					
8. List ALL directors (names and a	ddresses). RI Con	porations MUST lis		the box to indicate a	n attachment					
Director Name Mirman M	ac Leod		Director Name Malinaa Haward							
Street Address 25 Marrifor		,	Street Address 802 victory Hanwan							
City Newpart	State RT	Zip 02840	N. Smithfield	State ZI	Zip. 228%					
Director Name (MnShne M			Director Name - Dames Niker							
Street Address Scarriage City King Shon	lane		Street Address 170 River Farm Drive							
city Kingston	State PL	Zip 0288/	city E. Greenwith	State RI	028/8					
9. The Registered Agent informati	on of record with th	ne RI Department o	of State is accurate. Changes requ	uire filing Form 641						
Under penalty of perjury, I declar statements, and that all statements			· · · · · · · · · · · · · · · · · · ·	mpanying schedu	iles and					
This report must be signed by either the Pre	sident, Vice-President,	Secretary, Assistant Sec	cretary, Treasurer, duly Authorized Represe	ntative, Receiver or Trus	tee.					
Name of Officer/Authorized Repre	-			Date	22					
Saran M	• • •	e		7/19/	<u> </u>					
Signature of Officer/Authorized Re	presentative -		FILED							
MAIL TO:			SEP 1 8 2023							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 631- Revised: 04/2023

RI SOS Filing Number: 202341771920 Date: 9/18/2023 2:59:00 PM



I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

September 18, 2023 02:59 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

