



**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

**Non-Profit Corporation  
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 YEAR 2024:** 2024

**1. Corporate ID No.** 000294185

**2. Name of Corporation** Rhode Island Interfaith Power and Light, Inc.

**3. State of Incorporation**

State: RI

**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

813312

**4. Principal Office Address**

No. and Street: 20 DIVISION STREET

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

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

EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSE WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE PRIMARY ACTIVITY SHALL BE TO HELP RELIGIOUS COMMUNITIES RECLAIM THEIR ACIENT TRADITIONS TO LIVE AS FAITHFUL TO LIVE FAITHFUL STEWARDS OF LIFE. TRANSFORMING OT AN ETHIC OF ENVIRONMENTAL RESPONSIBILITY, AND TO ENGAGE IN ANY LAWFUL PURPOSE

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

| <b>Title</b>  | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|---------------|---|---|
| SECRETARY     | MARTINA MULLER  | 19 ALTIN AVENUE<br>KINGSTON, RI 02840 USA                         |
| DIRECTOR      | CHRISTINA MULLER                                      | 5 CARRIAGE LANE<br>KINGSTON, RI 02840 USA                         |
| PRESIDENT     | SARAH WHITEHOUSE                                      | 20 DIVISION STREET<br>NEWPORT, RI 02840 USA                       |
| OTHER OFFICER | SARAH WHITEHOUSE                                      | 20 DIVISION STREET<br>NEWPORT, RI 02840 UNI                       |
| DIRECTOR      | NORMAN MACLOED  | 25 MUMFORD AVENUE<br>NEWPORT, RI 02840 USA                        |
| DIRECTOR      | MALINDA HOWARD  | 802 VICTORY HIGHWAY,<br>NORTH SMITHFIELD, RI 02896 USA            |
| DIRECTOR      | DANIEL VILKER   | 170 RIVER FARM DRIVE<br>EAST GREENWICH, RI 02818 USA              |
| DIRECTOR      | WILLIAM PATENAUDE                                     | 18 ENFIELD DRIVE<br>WEST WARWICK, RI 02893 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**

SARAH W. ATKINS 20 DIVISION STREET NEWPORT , RI 02840

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

**Signed this 30 Day of January, 2024 at 2:23:50 PM 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 SARAH WHITEHOUSE  
Signature of Authorized Person

Form No. 631  
Revised 09/07