

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Providence, RI 02904-2615 401.222.3040

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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

penalty fee of \$25.00.						
1. Corporate 1D No. 26305	2. Name of corporation Hera Educational Foundation, Inc.					
3. State of Incorporation RNOW Island	4. Corporate address in RE	oode Island - Street Address Road, Sw	te 24A	wakefield	^{Zip} 02879	
5. Foreign corporation. Enter prince		•	Сйу	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island 10 promote cultural, artistic and educational activities in Rhode Island						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name Alexandra Broches			Vice President Name Barbara Pagh			
street Address Pond Street			1354 Curtis Corner Road			
Wakefield	R.I	^{zip} 2879	hakefield	State RI	02879	
Secretary Name Barbara Pagh			Treasurer Name Koperta Richman			
Street Address Same as above			34 Sweet Fern Lane			
Сиу	State	Zip	Reace Dole	State RL	^{zip} 02879	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECTO	RS OF A DOMESTIC	(RHODE ISLAND) C	ORPORATION <u>SHALL NOT B</u>	E LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Donna Gustafson			Jeannette Jacobs			
Street Address Sweet Fern Lane			31reg Address Woodruff Avenue			
		^{Zip} 02879	"wakefreed	Strick	82879	
Director Name Lohn Kotula			Diregior Name Kalper Wilson			
Break Street 16 Amos Freet			Street Address Woodruff Avenue			
cuy Peace Sale	State RT	zip 0 2879	cin hakefield	State RF	zip 02879	
9. REGISTERED AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

File Date	FILED			
Check No.	MAY 27 2009			
Ву:	By 3740			
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and affirm that I hav report, including any accompanying schedules and statem	
statements contained herein are true and correct.	1 1
Clexandra Porcles	5/22/09
Signature of Officer	Date L
MEXANORA BROCKES	
Print or Type Name of Officer	
President	
Title of Officer	

Form 631 Rev. 09/17