State of Rhode Island
and Providence Plantations
*Office of the Secretary of State*

***A. Ralph Mollis,*** *Secretary of State*
*Corporations Division*
*148 W. River Street*
*Providence, RI 02904-2615*
*401.222.3040*

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**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.*

| 1. Corporate ID No. | 2. Name of Corporation | | |
|---|---|---|---|
| 294729 | Independence Trail Educational Foundation, Inc. | | |
| 3. State of Incorporation | 4. Corporate address in Rhode Island — Street Address | City | Zip |
| RI | 44 Custom Hosue Street | Providence | 02903 |
| 5. **Foreign corporation.** Enter principal office address | City | State | Zip |
| | | | |

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

Historic Tours and Educational Activities

**7. NAMES AND ADDRESSES OF THE OFFICERS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | | | Vice President Name | | |
|---|---|---|---|---|---|
| Robert I. Burke | | | Ann L. Burke | | |
| Street Address | | | Street Address | | |
| 44 Custom House Street | | | 44 Custom House Street | | |
| City | State | Zip | City | State | Zip |
| Providence | RI | 02903 | Providence | RI | 02903 |
| Secretary Name | | | Treasurer Name | | |
| Susan L. DeBlasio | | | Robert I. Burke | | |
| Street Address | | | Street Address | | |
| 1 Citizens Plaza 8th Floor | | | 44 Custom House Street | | |
| City | State | Zip | City | State | Zip |
| Providence | RI | 02903 | Providence | RI | 02903 |

**8. NAMES AND ADDRESSES OF THE DIRECTORS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

***THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23***

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| Robert I. Burke | | | Ann L. Burke | | |
| Street Address | | | Street Address | | |
| 44 Custom House Street | | | 44 Custom House Street | | |
| City | State | Zip | City | State | Zip |
| Providence | RI | 02903 | Providence | | 02903 |
| Director Name | | | Director Name | | |
| Susan L. DeBlasio | | | | | |
| Street Address | | | Street Address | | |
| 1 Citizens Plaza 8th Floor | | | | | |
| City | State | Zip | City | State | |
| Providence | | 02903 | | | |

**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. 7-6-13/7-6-8

RECEIVED
2009 DEC 22 PM 4:06
SECRETARY OF STATE
CORPORATIONS DIV.

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**
DEC 22 2009
By

[redacted] 294729

29-106734

[redacted]

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.

*Signature of Officer* — *Date* 12-22-2009

Robert I. Burke
*Print or Type Name of Officer*

President
*Title of Officer*

[redacted]

*File Date* _____

*Check No.* _____

*By:* _____

FOR SECRETARY OF STATE USE ONLY

Form 631 Rev. 09/17