

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 2008

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

1. Corporate ID No.	2 Name of Corp	2 Name of Corporation					
294729	Independer	Independence Trail Educational Foundation, Inc.					
3. State of Incorporation	4. Carporate ada	lress in Rhode Island - Street .	Address	City	Zip		
RI	44 Custom	Hosue Street		Providence	02903		
5 Foreign corporation. Enter principal office address			City	State	Zij)		
6. Brief Description of the c	haracter of the affairs whic	b are actually conducted in R	bode Island	.,			
Historic Tours and E	ducational Activities						
7. NAMES AND ADD	RESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	CES BEFORE USING ATTA	ACHMENTS		
President Name			Vice President Name				
Robert I. Burke			Ann L. Burke				
Street Address			Street Address				
44 Custom House	Street		44 Custom House Street				
Cit):	State	Ζiþ	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 80	h Floor		44 Custom House Street				
City	State	Zip	City	State	Zip		
Providence	RI	02903	Providence	RI	02903		
8. NAMES AND ADD	•	•	RATTACHMENT) TILL IN SPA	ACES BEFORE USING ATT	ACHMENTS		
THE NUMBER OF D	IRECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL</u>	NOT BE LESS THAN THE	REE (3). R.I.G.L. 7-6-2		
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							
Susan L. DeBlasio) 				SEC CO		
Street Address			Street Address		F FAR		
1 Citizens Plaza 8th Floor					C SHE		
Gtr	State	Zip	CHY .	State	N Par		
Providence		02903					
9. REGISTERED AGE	ENT IN RHODE ISLA	•		'	· ' 조 ! ! ! !		
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This information is cu	rrently of record in th	e Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-	13/7-6-7		
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	act manet has compad but						
	ort must be signed by	either the President, Vi	ce President, Secretary, Assist	ant Secretary, Treasurer, Ke	CONCI MI THISICO		

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Under penalty of per report, including any
27-106734 statements continued
Robert I. Burke
Print or Type Name of
President

rjury. I declare and affirm that I have examined this accompanying schedules and statements, and that all

herein are true and correct.

Officer

Title of Officer