RI SOS Filing Number: 201292813600 Date: 05/15/2012 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
127551	LIVING HISTORY		
3. State of Incorporation	4. Corporate Address in RI - Street Address	City	Zip
RHODE ISLAND	20 MOORE STREET	PROVIDENCE	02907
5. Foreign corporation. Enter principal office address	City	State	Zip
6. Brief description of the character of business conducted in Rhode Island			
HISTORY EDUCATION AND RE-ENACTING FOR HIGH SCHOOL STUDENTS			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
ROBERT K. GOLOMAN	ASTRID MEISER
Street Address	Street Address
20 MOORE STREET	52 PINEHURST AVENUE
City / State / Zip	City / State / Zip
PROVIDENCE / RI / 02907	PROVIDENCE / RI / 02908
Secretary Name	Treasurer Name
	SHOMARI HUSBAND
Street Address	Street Address
	37 MOORE STREET
City / State / Zip	City / State / Zip
	PROVIDENCE / RI / 02907

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
JOHN McNIFF	DANIEL BROWN
Street Address	Street Address
410 HARRISON STREET	25 KENMORE STREET
City / State / Zip	City / State / Zip
PROVIDENCE / RI / 02906	CRANSTON / RI / 02905
Director Name	Director Name
JANE KRATSCH	
Street Address	Street Address
BREEZY KNOLL ROAD	
City / State / Zip	City / State / Zip
SMITHFIELD / RI / 02828	

9. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 15 2012
By
CK # 0963

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: 5/11/12

ROBERT K. GOLOMAN
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form No. 631
Revised: 01/2012
78083-1-739033