



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 26932		2. Exact name of the Corporation International House of Rhode island, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Provides cultural, educational and recreational facilities to foreign students, scholars, professors, businessmen/women and tourists temporarily in Rhode Island.			
5. Principal office address 8 Stimson Avenue			City Providence	State RI	Zip 02906
President Name Mrs. Helene Bradley			Vice-President Name Mrs. Barbara Sturtevant		
Street Address 3191 Pawtucket Avenue			Street Address 8 Angell Court		
City East Providence	State RI	Zip 02915	City Providence	State RI	Zip 02906
Secretary Name Mrs. Elaine Meyrial			Treasurer Name Mr. Stephen Scullin		
Street Address 12 Church Street			Street Address 168 Little Pond County Road		
City Providence	State RI	Zip 02904	City Cumberland	State RI	Zip 02864
7. LIST ALL DIRECTORS (NAME AND ADDRESS). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS. FOR ATTENTION: <input type="checkbox"/>					
Director Name Mrs. Dorothy McCulloch			Director Name Aida Sahakian		
Street Address 99 Adams Point Road			Street Address 380 Lloyd Avenue		
City Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02906
Director Name Mrs. Tatiana Savchenko			Director Name Mr. Gilbert Mason		
Street Address 1 Lewis Street			Street Address 39 Emeline Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. 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

BY _____

FILED

JUN 10 2013

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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.

Helene D. Bradley 6/3/13
 Signature of Officer Date

Helene D. Bradley
 Print or Type Name of Officer

President of IH Board
 Title of Officer