



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 2014

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. 127551		2. Exact name of the Corporation LIVING HISTORY			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island HISTORY EDUCATION			
5. Principal office address 20 MOORE ST.			City PROVIDENCE	State RI	Zip 02907
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT K. GOLDMAN			Vice-President Name ASTRID MEISER		
Street Address 20 MOORE ST.			Street Address 52 PINEMURST AVE.		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02908
Secretary Name			Treasurer Name SHOMARI HUSBAND		
Street Address			Street Address 37 MOORE ST.		
City	State	Zip	City PROVIDENCE	State RI	Zip 02907
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOHN McNIEFF			Director Name DANIEL BROWN		
Street Address 40 HARRISON ST.			Street Address 25 KENMORE ST.		
City PROVIDENCE	State RI	Zip 02909	City CRANSTON	State RI	Zip 02905
Director Name JANE KRATZSCH			Director Name		
Street Address BREEZY KNOLL ROAD			Street Address		
City SMITHFIELD	State RI	Zip 02828	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Robert K. Goldman 5/2/14
 Signature of Officer or Authorized Representative Date

ROBERT K. GOLDMAN
 Print or Type Name of Officer or Authorized Representative