



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000800695

2. Name of Corporation Public Heritage Institute

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 3 CLEMENCE LANE

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 19 DOROTHY RD

City or Town: SUDBURY State: MA Zip: 01776 Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

OUTREACH TO OTHER ORGANIZATION AND INSTITUTIONS TO PROVIDE ACCURATE AND WELL DOMCUMENTED RESEARCH TO EVERYDAY PEOPLE AND RELATED ACTIVITIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RAFFAELE FLORIO	3 CLEMENCE LANE JOHNSTON, RI 02919 USA
TREASURER	ANIESHA ANDREWS	26 CRESTWOOD PARK

		ROXBURY, MA 02121 USA
VICE PRESIDENT	KATINA FONTES	19 DOROTHY RD SUDBURY, MA 01776 USA
DIRECTOR	KATINA FONTES	10 DOROTHY ROAD SUDBURY, MA 01776 USA
DIRECTOR	RAFFAELE FLORIO	3 CLEMENCE LANE JOHNSTON, RI 02919 USA
DIRECTOR	ANIESHA ANDREWS	26 CRESTWOOD PARK ROXBURY, MA 02121 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

RAFFAELE FLORIO 3 CLEMENCE LANE JOHNSTON , RI 02919

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of July, 2014 at 5:27:58 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By KATINA FONTES
Signature of Authorized Person

Form No. 631
Revised 09/07