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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 2015

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
144624	PHILIPPINE SCOUTS HERITAGE SOCIETY
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	PRESERVING THE HISTORY OF THE PHILIPPINE SCOUTS

5. Principal office address	City	State	Zip
721 NORTH QUIDNESSETT RD	NORTH KINGSTOWN	RI	02852

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

President Name	Vice-President Name
OSCAR HILMAN	ZENAIDA SLEMP
Street Address	**Street Address**
6021 PACIFIC AVE	3802 - 25TH ST, SE
City: TACOMA, State: WA, Zip: 98408	City: PUYALLUP, State: WA, Zip: 98374
Secretary Name	**Treasurer Name**
VICTOR VERANO	LILY KITTREDGE
Street Address	**Street Address**
14 SAGEWOOD DR	306 LAKEWAY
City: MALVERN, State: PA, Zip: 19355	City: KILEEN, State: TX, Zip: 76549

7. 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
ROBERT CAPISTRANO	PAUL RUIZ
Street Address	**Street Address**
5725 SANTA CRUZ AVE	458 MCALLISTER DR.
City: RICHMOND, State: CA, Zip: 94804	City: BENICIA, State: CA, Zip: 94510
Director Name	**Director Name**
JOHN PATTERSON	-
Street Address	**Street Address**
721 N. QUIDNESSETT RD	-
City: N. KINGSTOWN, State: RI, Zip: 02852	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

FILED
JUN 08 2015

File Date _____
Check No _____ **BY** 4704
By: _____
FOR SECRETARY OF STATE USE ONLY

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 or Authorized Representative — Date: June 4 2015

JOHN A. PATTERSON 885-7776
Print or Type Name of Officer or Authorized Representative

Form No. 205
121684-40-948944