



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

FILED  
 R.I. DEPT. OF STATE  
 BUSINESS DIV.

Annual Report for the year: 2017  
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

2017 MAY 25 AM 11:22

1. Entity ID Number <b>001664838</b>		2. Exact name of the Corporation <b>THE HANNAH INSTITUTE</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHARITY + EDUCATION</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>10 HAWTHORNE ST.</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARK FARNELL</b>			Vice-President Name <b>BETH MOURA</b>		
Street Address <b>10 HAWTHORNE ST.</b>			Street Address <b>4 RHODE ISLAND AVE.</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>DWAYNE FORD</b>			Treasurer Name <b>MARK FARNELL</b>		
Street Address <b>8 JUNIPER ST</b>			Street Address <b>10 HAWTHORNE ST</b>		
City <b>ATLANTA</b>	State <b>GE</b>	Zip <b>30301</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>DAN CONNOLLY</b>			Director Name <b>MARK FARNELL</b>		
Street Address <b>WILLOW TRACE APT, 216 TAVANTON ST</b>			Street Address <b>10 HAWTHORNE ST.</b>		
City <b>PLAINVILLE</b>	State <b>MA</b>	Zip <b>02762</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name <b>DONNA SMITH</b>			Director Name		
Street Address <b>8 VOSE LN</b>			Street Address		
City <b>WARPOLE</b>	State <b>MA</b>	Zip <b>02032</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative 				Date <b>5-25-17</b>	
Signature of Officer/Authorized Representative				<b>FILED</b>	
<b>MAY 25 2017</b>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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