



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

Annual Report for the year:

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.

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

2017 MAY 25 AM 11:22

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

MAY 25 2017

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

BY CK 304465