



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
BUS. SVCS. DIV.

MAY 25 PM 12:33

Amendment

1. Entity ID Number 0011614838		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 To specifically focus on the advancement of human education ethic economy & environment through advocacy & consultation.	
4. NAICS Code 813319			
6. Principal Office Address 49 Stansbury St		City PROV	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Catherine Dean		Vice-President Name	
Street Address 49 Stansbury St		Street Address	
City PROV	State RI	City	State
Zip 02908		Zip	
Secretary Name Mark Farnell		Treasurer Name Catherine Dean	
Street Address 10 Hawthorn St		Street Address 49 Stansbury St	
City PROV	State RI	City PROV	State RI
Zip 02907		Zip 02908	
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 John Baptist Ku.		Director Name Catherine Dean	
Street Address House of Studies Dominican Seminary		Street Address 49 Stansbury St	
City Washington	State DC	City PROV	State RI
Zip 22002		Zip 02908	
Director Name Mark Farnell		Director Name	
Street Address 10 Hawthorn St		Street Address	
City PROV	State RI	City	State
Zip 02908		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 Catherine Dean, President			Date 5/25/17
Signature of Officer/Authorized Representative			

FILED

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

12:33

MAY 25 2017

BY

FORM 631 - Revised: 05/2017



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 25, 2017 12:33 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

