



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

Annual Report for the year:
Non-Profit Corporation

2017

Amendment

STATE OF RHODE ISLAND
 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

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

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	Zip 02908	
Secretary Name Mark Farnell		Treasurer Name Catherine Dean	
Street Address 10 Hawthorn St		Street Address 49 Stansbury St	
City PROV	State RI	Zip 02907	City PROV
			State RI
			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	Zip 22002	City PROV
			State RI
			Zip 02908
Director Name Mark Farnell		Director Name	
Street Address 10 Hawthorn St		Street Address	
City PROV	State RI	Zip 02908	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.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
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 *[Signature]*