

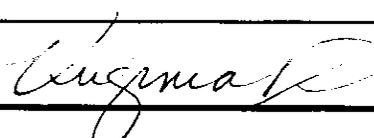


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

| | | | | | |
|--|-----------------|---|-----------------------------|------------------------|------------------|
| 1. Entity ID Number 000506176 | | 2. Exact name of the Corporation The Peace Flag Project | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island To empower people to be peacemakers and to promote peace in our everyday lives. | | | |
| 4. NAICS Code 813110 - Religious Organization | | | | | |
| 6. Principal Office Address 29 Orchard Avenue | | City Providence | State RI | Zip 02906 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Virginia Fox | | Vice-President Name Susan Fox | | | |
| Street Address 29 Orchard Avenue | | Street Address 106 Duck Cove Road | | | |
| City Providence | State RI | Zip 02906 | City North Kingstown | State RI | Zip 02852 |
| Secretary Name Emily McKenna | | Treasurer Name Mercedes Monteiro | | | |
| Street Address 10 Rocky Crest Road | | Street Address 150 Benefit Street | | | |
| City Cumberland | State RI | Zip 02864 | City Providence | State RI | Zip 02906 |
| 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 Cathren Housley | | Director Name Karen Oliver Crowe | | | |
| Street Address 1400 South Broadway | | Street Address 31 Tide Water Road | | | |
| City East Providence | State RI | Zip 02914 | City Warwick | State RI | Zip 02889 |
| Director Name Hannah Resseger | | Director Name Nittaya Saenbut | | | |
| Street Address 18 Edendale Avenue | | Street Address 58 Hammond Street | | | |
| City Pawtucket | State RI | Zip 02861 | City Providence | State RI | Zip 02909 |
| 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. | | | | | |
| <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 Virginia Fox | | | | Date 6-25-17 | |
| Signature of Officer/Authorized Representative  | | | | | |

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

FILED
 JUN 28 2017
 BY 23530 
 FORM 631 - Revised: 06/2017