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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: **2017**

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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 000026932		2. Exact name of the Corporation International House of Rhode Island	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Promoting friendship, connection, learning, and global understanding by bringing people together from around the world for cross-cultural exchange	
4. NAICS Code 813219 - Other Grantmaking an			
6. Principal Office Address 8 Stinson Ave		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: Lilian Mason		Vice-President Name: Thierry T. Gustave	
Street Address: 3 Regency Plaza, Apt 311		Street Address: 12 James Street	
City: Providence	State: RI	City: Seakonk	State: MA
	Zip: 02903		Zip: 02771
Secretary Name: Katherine D. Richardson		Treasurer Name: Leslie A. Thresher	
Street Address: 156 Old Succotash Road		Street Address: 218 South Washington Street	
City: Wakefield	State: RI	City: N. Attleboro	State: MA
	Zip: 02879		Zip: 02760
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: Hellenx Dee Bradley		Director Name: Henry Majewski	
Street Address: 3191 Pawtucket Ave		Street Address: 41 Tabor Ave	
City: East Providence	State: RI	City: Providence	State: RI
	Zip: 02915		Zip: 02906
Director Name: Gilbert Mason		Director Name: Eberhard Von Heyden	
Street Address: 3 Regency Plaza, Apt 311		Street Address: 72 Tucker St.	
City: Providence	State: RI	City: Lincoln	State: RI
	Zip: 02903		Zip: 02805
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 Lilian Mason			Date 2/8/18
Signature of Officer/Authorized Representative <i>Lilian Mason</i>			

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

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BY 329360

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