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

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SECRETARY OF STATE
CORPORATIONS DIV

2018 APR 25 AM 10: 50

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	2. Exact name of the Corporation
000026932	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	City	State	Zip
8 Stimson Ave	Providence	RI	02906

7. List ALL officers (names and addresses) — Check the box to indicate an attachment: ☐

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	Zip: 02903	City: Seakonk	State: MA	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	Zip: 02879	City: N. Attleboro	State: MA	Zip: 02760

8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors — Check the box to indicate an attachment: ☐

Director Name: Helene Dee Bradley			Director Name: Henry Majewski		
Street Address: 3191 Pawtucket Ave			Street Address: 41 Tabor Ave.		
City: East Providence	State: RI	Zip: 02915	City: Providence	State: RI	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	Zip: 02903	City: Lincoln	State: RI	Zip: 02865

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
Lilian Mason	2/8/18

Signature of Officer/Authorized Representative: Lilian Mason

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

APR 25 2018

BY 329360

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FORM 631 - Revised 11/2017