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

FILED
MAY 29 2018
BY 1058

Annual Report for the year: 2018
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
28002	Little Rhody Vasa Park, Inc
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Non-Profit for the benefit of members of RI District #3 Vasa Order of America
4. NAICS Code	
813410	

6. Principal Office Address	City	State	Zip
10 Boswell Trail	Foster	RI	02825

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

President Name	Vice-President Name
Kenneth Olson	None
Street Address: 126 Providence Ave	Street Address:
City: East Providence / State: RI / Zip: 02915	City: / State: / Zip:
Secretary Name	**Treasurer Name**
Janice M. Johnson	Jane Tetreault
Street Address: 72 Haig Ave	Street Address: 510 Gardiner Rd #7
City: Seekonk / State: MA / Zip: 02771	City: Richmond / State: RI / Zip: 02892

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

Director Name	Director Name
Joyce Smedberg	Karen Gomez
Street Address: 41 Planet St	Street Address: 24 Cresent Dr
City: Riverside / State: RI / Zip: 02915	City: Carolina / State: RI / Zip: 02812
Director Name	**Director Name**
Carol Olson	Walter Josephson
Street Address: 59 Sherman St	Street Address: 126 Elvira Heights
City: Riverside / State: RI / Zip: 02915	City: Putnam / State: CT / Zip: 06260

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
Kenneth Olson	5-20-2018

Signature of Officer/Authorized Representative: Kenneth R Olson

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

FORM 631 - Revised: 11/2017