RI SOS Filing Number: 201868693830	Date: 6/5/2018 4:00:00 PM	
Department of State - Business Services Division		
Annual Report for the year: 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 20 Exact name of the Corporation P.D. Boy 1023 Cast Greenwich RS 02818 124031 R. I Swedish Heritage assoc.		
3. State of Incorporation Phode Stand Cdu Cational organization promoting awares of the contribution A. NAICS Code 8/33/9 Sunting R. J. New Englandance Morth anxional Contribution Contributio		
6. Principal Office Address Sile.) 5 Indian Trail - South	City Wakefield	State Zip RI (228.79-191.
7. List ALL officers (names and addresses) Check the box to indicate an attachment		
President Name Kinkell Svingalis	Vice-President Name	
Street Address Road Road	Street Address	
State - Zip 06437	City	State Zip
Secretary Name Merclese Mayette Street Address	Treasurer Name Faul Swanson Street Address Treasurer Name Street Address	
City Wakefield Roll 22079-1914	City ast Greenwich	State Zip 028/8
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.		
Director Name Karen Kane	Director Name Johnson	ck the box to indicate an attachment L
139 Pine Hen Road	Street Address Fandall	are
City East Streenwich State R. 2 02818	north Providence	State Zip 02911-29
Director Name Svengalis	Director Name Karen Saderberg	- Chonum
Street Address Pockland Rd	Street Address 24 Crestmont	Treve
City Suilford State CT 2ip 06437	City Carolina_	State Zip 02812-1129
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 Murline Maintle
Signature of Officer/Authorized Representative

Date

JUN 05 2018

WAIL TO: Division of Business Services