RI SOS Filing Number: 201996199820 Date: 6/10/2019 4:00:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of State - Business Services Division

Annual Report for the year: 2019
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.

FILED
JUN 10 2019 BV
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1. Entity ID Number	2. Exact name of the Corporation
124031	RI SWEDISH HERITAGE ASSOC. P.O.BOX 1023 EAST GREENWICH RI 02818
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Educational organization in promoting awareness of the contributions of Sweden + other Scandinavian peoples, the history culture of RI., New England + North America
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
(SEC.) 5 INDIAN TRAIL-SOUTH	WAKEFIELD	RI	02879-1914

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

President Name	Vice-President Name
KENDALL SVENGALIS	NONE
Street Address: 3 ROCKLAND RD.	Street Address:
City: GUILFORD State: CT Zip: 06437	City: State: Zip:
Secretary Name	**Treasurer Name**
MERLENE MAYETTE	PAUL SWANSON
Street Address: 5 INDIAN TR. SOUTH	Street Address: 170 CHESTNUT DR
City: WAKEFIELD State: RI Zip: 02879-1914	City: EAST GREENWICH State: RI Zip: 02818

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
KAREN KANE	AL JOHNSON
Street Address: 139 PINE GLEN DR	Street Address: 8 RANDALL AVE
City: EAST GREENICH State: RI Zip: 02818	City: N. PROVIDENCE State: RI Zip: 02911-42
Director Name	**Director Name**
ELLEN SVENGALIS	KAREN SODERBERG-GOMEZ
Street Address: 3 ROCKLAND RD	Street Address: 24 CRESTMONT DR.
City: GUILFORD State: CT Zip: 06437	City: CAROLINA State: RI Zip: 02812-11

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: MERLENE MAYETTE — Date: May 12, 2019

Signature of Officer/Authorized Representative: Merlene Mayette - Secretary

MAIL TO:
Division of Business Services