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

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