RI SOS Filing Number: 202448481100 Date: 3/12/2024 4:00:00 PM



State of Rhode Island **Department of State - Business Services Division**

MAR 1 2 2024

Annual Report for the year: 2024

Non-Profit Corporation

- -> Filing period: February 1 May 1
- → Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					
Entity ID Number	2. Exact name of the Corporation				
124031	Rhode Island Swedish Heritage Association				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Educational organization promoting awareness of the contributions of				
4. NAICS Code	Swedish and other Scandinavian peoples, the history of Rhode Island,				
813319	New England, and North America				
6. Principal Office Address			City	State	Zip
40 Eighth Street			Providence	RI	02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Kendall Svengalis			Vice-President Name None		
Street Address 3 Rockland Road			Street Address		
^{City} Guilford	State CT	^{Zip} 06437	City	State	Zip
Secretary Name Linda Vanderveer			Treasurer Name Paul Swanson		
Street Address 40 Eighth Street			Street Address 170 Chestnut Drive		
^{City} Providence	State RI	^{Z_{ip}} 02906	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 Karen Kane			Director Name Karen Soderberg-Gomez		
Street Address 139 Pine Glen Drive			Street Address 12 Palmer Circle		
City East Greenwich	State RI	^{Zip} 02818	City Hope Valley	State RI	Zip 02832
Director Name Ellen Svengalis			Director Name Astrid Drew		
Street Address 3 Rockland Road			Street Address 37 Nelson Road		
^{City} Guilford	State RI	^{Zip} 06437	City Cranston	State RI	Zip 02821
9. The Registered Agent information of record with the RI Department of State is accurate. 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	
Paul Swanson				3/8/2024	
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov