FILED
MAR 12 2024
BY

State of Rhode Island
Department of State - Business Services Division

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.

1. Entity ID Number	2. Exact name of the Corporation
124031	Rhode Island Swedish Heritage Association
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Educational organization promoting awareness of the contributions of Swedish and other Scandinavian peoples, the history of Rhode Island, New England, and North America
4. NAICS Code: 813319	

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	Zip: 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: Paul Swanson

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: 12/2023