



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

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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 000486996		2. Exact name of the Corporation Harvard Business School Association - SNE			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provides educational and philanthropic opportunities among graduaes of Harvard Business Shcool residing in the RI area.			
4. NAICS Code 813910 - Business Assoc					
6. Principal Office Address PO Box 6420			City Providence	State RI	Zip 02940
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thor Johnson			Vice-President Name Dennis Stark		
Street Address PO BOx 148			Street Address 19 Kenilworth Way		
City Saunderstown	State RI	Zip 02874	City Pawtucket	State RI	Zip 02960
Secretary Name Dennis Stark			Treasurer Name Mary Wall		
Street Address 19 Kenilworth Way			Street Address PO Box 6420		
City Pawtucket	State RI	Zip 02960	City Providence	State RI	Zip 02940
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thor Johnson			Director Name Dennis Stark		
Street Address PO Box 148			Street Address 19 Kenilworth Way		
City Saunderstown	State RI	Zip 02874	City Pawtucket	State RI	Zip 02960
Director Name Mary Wall			Director Name Conley Wake Zani		
Street Address PO Box 6420			Street Address 1350 Anthony Road		
City Providence	State RI	Zip 02940	City Portsmouth	State RI	Zip 02871
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Mary B. Wall					Date 4/5/24
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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