



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001689531

2. Name of Corporation THE EUPHRATES INSTITUTE

3. State of Incorporation

State: CA

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813319

4. Principal Office Address

No. and Street: 29 CHAPIN ROAD

City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PEACE BUILDING EDUCATIONAL ACTIVITIES

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	KATHRYN LUNARDELLI	29 CHAPIN ROAD BARRINGTON, RI 02806 USA
SECRETARY	REBECCA HOSKYN	13602 179TH AVE NE REDMOND, WA 98052 USA
CFO	KENT LIBBE	25045 FAREWELL DRIVE PERRYSBURG, OH 43551 USA
BOARD OF DIRECTOR	FRAN FARAZ	7 PETERSBURG IRVINE, CA 92620 USA
VICE PRESIDENT	JOY SCHWENTKER	1205 BLENHEIM DRIVE RALEIGHT, NC 27612 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KATY LUNARDELLI 29 CHAPIN ROAD BARRINGTON , RI 02806

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of April, 2025 at 2:17:56 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KATY LUNARDELLI
Signature of Authorized Person

Form No. 631
Revised 09/07

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