



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

No Fee

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

**Domestic Non-Profit
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), 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.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2025

1. Corporate ID No. 000091596

2. Name of Corporation AMERICAN FRIENDS OF THE HAKLUYT SOCIETY

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

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 11 SOUTH ANGELL STREET, #401

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROMOTE THE PUBLICATION OF SCHOLARLY EDITIONS OF RECORDS OF VOYAGES, TRAVELS AND OTHER GEOGRAPHICAL MATERIALS OF THE PAST.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).
R.I.G.L.
7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DR. STEVEN MENTZ	11 SOUTH ANGEL STREET, #401 PROVIDENCE, RI 02906 USA
SECRETARY	DR. SARA NARAMORE	11 SOUTH ANGEL STREET, #401 PROVIDENCE, RI 02906 USA
DIRECTOR	DR. MARY C. FULLER	11 SOUTH ANGELL STREET, #401 PROVIDENCE, RI 02906 USA
DIRECTOR	DR. STEVEN MENTZ	11 SOUTH ANGELL STREET, #401 PROVIDENCE, RI 02906 USA
DIRECTOR	DR. JOHN HATTENDORF	11 SOUTH ANGELL STREET, #401 PROVIDENCE, RI 02906 USA
DIRECTOR	DR. SARA NARAMORE	11 SOUTH ANGEL STREET, #401 PROVIDENCE, RI 02906 USA

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

JOHN W. WOLFE, ESQ. 301 PROMENADE STREET PROVIDENCE , RI 02908

Signed this 18 Day of June, 2025 at 1:51:01 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 DR. STEVEN MENTZ, PRESIDENT
Signature of Authorized Person

Form No. 631
Revised 09/07