

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* 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.

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1. Corporate ID No.	2. Name of Corporation					
34129			AND PRESERVATION SOCIETY	Y, INC.		
3. State of Incorporation	4. Corporate address in Ri		ddress	City	Zip	
RHODE ISLAND	55 DORRANCE S	TREET		PROVIDENCE	02903	
5. Foreign corporation. Enter prin	cipal office address		CHy	State	Zip	
N/A						
6 Brief Description of the character	of the affairs which are acti	ially conducted in Rh	ode Island			
THE PRESERVATION OF	THE HISTORICAL B	UILDINGS, PLAC	CES AND MEMORABILIA CONCE	ERNING PRUDENCE IS	SLAND.	
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR AT	TACHMENT) [FILL IN SPACES B	BEFORE USING ATTACH	MENTS	
President Name			Vice President Name			
JOHN TRESHER			JOSEPH BAINS			
Street Address			Street Address			
P.O. BOX 193			P.O. BOX 193			
Сйу	State	Zip	City	State	Zip	
PRUDENCE ISLAND	RHODE ISLAND	02872	PRUDENCE ISLAND	RHODE ISLAND	02872	
Secretary Name			Treasurer Name			
THECKLA SNELL			JUDITH ANN FOSTER			
Street Address			Street Address			
P.O. BOX 193			P.O. BOX 193			
City	State	$Z\dot{\phi}$	Сйу	State	Zip	
PRUDENCE ISLAND	RHODE ISLAND		PRUDENCE ISLAND	RHODE ISLAND	02872	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR A	ATTACHMENT) TILL IN SPACES I	BEFORE USING ATTACI	IMENTS	
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	(RHODE ISLAN	ND) CORPORATION <u>SHALL NOT</u>	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Director Name			Director Name			
DONNA BAINS			JUDITH GARDNER			
Street Address			Street Address			
P.O. BOX 231			P.O. BOX 193			
City	State	Zip	City	State	Zip	
PRUDENCE ISLAND	RHODE ISLAND	02872	PRUDENCE ISLAND	RHODE ISLAND	02872	
Director Name			Director Name	•		
CAROLYN COLLINS						
Street Address			Street Address			
2 WASHINGTON ROAD						
City	State	Zip	City	State	Zip	
SPRINGFIELD	MA	01108				
9. REGISTERED AGENT IN	RHODE ISLAND - DO	NOT ALTER - C	Changes require filing of Form 6	641 - R.I.G.L. 7-6-13 / 7	-6-78	
Agent Name			Address			
DANTE J. GIAMMARCO	, ESQUIRE		55 DORRANCE STREE	T		
Address			City	Zip		
VISCONTI & BOREN, LTD.			PROVIDENCE RI	ROVIDENCE RI 02903-2219		
				<u> </u>		
This report must	be signed by either th	e President, Vice	President, Secretary, Assistant Sec	retary, Treasurer, Receiv	er or Trustee	

File Date	FILED	
Check No.	MAY 1 4 2009	
Ву:	By \6\	
F	FOR SECRETARY OF STATE USE ONLY	

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. Signature of Officer JUDITH ANN FOSTER Print or Type Name of Officer

TREASURER Title of Officer