



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 75975		2. Exact name of the Corporation BABCOCK-SMITH HOUSE DOCENTS, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island EDUCATION, TOURS & FUNDRAISING TO SUPPORT HISTORIC HOUSE MUSEUM			
5. Principal office address 124 GRANITE STREET			City WESTERLY	State RI	Zip 02891
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JENNIFER DAVIS			Vice-President Name SHARON WRIGHT		
Street Address 6 BRIAR PATCH DRIVE			Street Address 15 ELM STREET		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name MARGARET BARCLAY			Treasurer Name JANICE TUNNEY		
Street Address 28 CAPTAINS DRIVE			Street Address 25 ELM STREET		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name JUNE SILVESTRI			Director Name ROBERTA BURKHARDT		
Street Address 6 BELLAIRE STREET			Street Address 2 PAWCATUCK AVENUE		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name ELEANOR GRINNELL			Director Name ANTHONY SMITH		
Street Address 50 SHIRLEY DRIVE			Street Address P.O. BOX 756		
City CHARLESTOWN	State RI	Zip 02813	City W. KINGSTOWN	State RI	Zip 02892
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 06 2012

File Date _____

Check No _____

By: _____

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

Date

Print or Type Name of Officer

2035

JANICE TUNNEY, TREASURER **6/5/12**

Corporate ID#: 75975
Name of Corporation: Babcock-Smith House Docents, Inc.

7. Additional Director: Sandra Abbott
18 Misquamicut Hills
Westerly, RI 02891

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