



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. 29179		2. Exact name of the Corporation Society of Mayflower Descendants in the State Of Rhode Island & Providence Plantations			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Educational organization per training to Mayflower Descendants			
5. Principal office address C/o R.W. Ulmschneider 314 Pine Hill Road		City Wakefield		State RI	Zip 02879
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Allison H. Morrison			Vice-President Name William W. Taylor, Jr		
Street Address 384 West Allenton Road			Street Address P.O. Box 326		
City North Kingstown	State RI	Zip 02852	City Duxbury	State MA	Zip 02331
Secretary Name Mary D. Trickey			Treasurer Name Ronald W. Ulmschneider		
Street Address One Sachuest Drive			Street Address 314 Pine Hill Road		
City Middletown	State RI	Zip 02842-5750	City Wakefield	State RI	Zip 02879
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Russell W. Greene			Director Name Todd Holden		
Street Address 59 Essex Road			Street Address 73 Gibbs Ave		
City North Kingstown	State RI	Zip 02852	City Wareham	State MA	Zip 02571
Director Name Reinhard Batter, III			Director Name Dr. Paul F. Bliss		
Street Address 190 Wood Street			Street Address 57 Grandeville CT #2227		
City Bristol	State RI	Zip 02809	City Wakefield	State RI	Zip 02879
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

File Date _____

FILED

Check No _____

JUN 07 2012

By: _____

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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.

Ronald W. Ulmschneider

May 22, 2012

Signature of Officer

Date

Ronald W. Ulmschneider

Print or Type Name of Officer

Treasurer

Title of Officer