

## State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$20.00

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

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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: 2012

1. Corporate ID No. 000143629

- 2. Name of Corporation Clouds Hill Victorian House Museum
- 3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 4157 POST ROAD, PO BOX 522

City or Town: EAST GREENWICH State: RI Zip: 02818 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO OWN AND OPERATE A HISTORICAL VICTORIAN HOME AS A MUSEUM FOR THE PUBLIC

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Incorporator is no longer applicable; please delete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             | Address   |
|----------------|-----------------------------|---|
|                | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country               |
| SECRETARY      | CHRISTINE E. CABRAL         | 4157 POST ROAD, PO BOX 522<br>EAST GREENWICH, RI 02818 USA    |
| DIRECTOR       | CHRISTINE E. CABRAL         | 4157 POST ROAD, P.O. BOX 522<br>EAST GREENWICH, RI 02818      |
| PRESIDENT      | ANNE D HOLST                | 4157 POST ROAD, P.O. BOX 522<br>EAST GREENWICH, RI 02818- USA |
| VICE PRESIDENT | WAYNE A. CABRAL             | 4157 POST ROAD, PO BOX 522<br>EAST GREENWICH, RI 02818 USA    |
| DIRECTOR       | ANNE D. HOLST               | 4157 POST ROAD, PO BOX 522<br>EAST GREENWICH, RI 02818 USA    |
| DIRECTOR       | WAYNE A. CABRAL             | 4157 POST ROAD, PO BOX 522<br>EAST GREENWICH, RI 02818 USA    |
| DIRECTOR       | DONNA M. GOUVEIA CPA        | PO BOX 522<br>EAST GREENWICH, RI 02818 USA                    |
| DIRECTOR       | THOMAS A. GREENE            | PO BOX 522<br>EAST GREENWICH, RI 02818 USA                    |
| DIRECTOR       | HENRY A. L. BROWN           | PO BOX 522<br>EAST GREENWICH, RI 02818 USA                    |
| DIRECTOR       | ROSE A. CARDI               | PO BOX 522<br>EAST GREENWICH, RI 02818 USA                    |
| DIRECTOR       | STEPHEN A. CARDI            | PO BOX 522<br>EAST GREENWICH, RI 02818 USA                    |
| DIRECTOR       | MARJORIE B. CATANZARO       | PO BOX 522<br>EAST GREENWICH, RI 02818 USA                    |
| DIRECTOR       | JOSEPH DIPIETRO ESQ.        | PO BOX 522<br>EAST GREENWICH, RI 02818 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

ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE, RI 02903-

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

**Signed this 13 Day of July, 2012 at 11:59:40 AM.** 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 corporation, 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.

| Ву |              | HRISTINE E. CABRAL gnature of Officer of the Corporation |  |  |
|----|--------------|--|--|--|
|    | President or | Vice President or X Secretary or Assistant Secretary or  |  |  |
|    | Treasurer or | Receiver or Trustee (check one)                          |  |  |

This report cannot be accepted for filing if an officer has executed the form and he/she is not

## listed in Section 7.

Form No. 631 Revised 09/07

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