

## 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

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ 2014

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

Filing Fee: \$20.00 · FAIL	URE TO FILE	THIS REPORT BY JU	ILY 30 WILI	RESULT IN A \$25.0	0 PENALTY F	EE.	
1. Entity ID No.		f the Corporation			<del>.</del>		
26480	East G	REENWICH H	storic	Preservat	ton Soc	nety Inc.	
3. State of Incorporation	4. Brief descripti	on of the character of bu	siness condu	cted in Rhode Island			
Rhode Islano	Н	istoric Pr	Res er	vation			
5. Principal office address	St		East	GREENWICK	State 7/	Zip 02818	
6. LIST ALL OFFICERS (NAMES	AND ADDRESS	SES) ("X" BOX FOR AT					
President Name Marion Helwis				Rachel E. Peirce			
Street Address Glend	lale	DR.	Street Addre	2 Pleas	ANT	27	
	State	<sup>Zip</sup> 02893	Nort	A Kingston	State	02827	
Secretary Name GloRia	Paole		Treasurer N	seph 5.	MCGIA	ا س	
Street Address	beary	DRIVE	Street Addre		Aux		
city East Greenwh	State	21p 02814	City (L) aru	nek	State /	2ip 02818	
7. LIST <u>ALL</u> DIRECTORS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDRES	SSES). RHODE ISLAND	CORPORAT	TIONS <u>MUST</u> LIST NO	LESS THAN TI	HREE (3) DIRECTORS	
Director Name Mildred Plouff			Director Name TERES a Romano				
Street Address	ood	tue	Street Addre	Box 2	8,		
East Greenwah	State RI	2ip 02814	City	GREENWICH	State 17.1.	02814	
Joya Mc GINN				Susan Curado			
Street Address  H6 H07	KINS	Aue	Street Addre	~ /	Ave	,	
4 Warvick	Str. 1	02818	City	Greenwich	State R/	Zip 028/8	
8. REGISTERED AGENT IN RHO							
This information is currently of a						procentative Pessive-	
This report must be signed by eithe or Trustee	r ine rresident, l	vice-miesid <del>e</del> nt, becretar	y, Assisiani S	ecretary, Treasurer, Guly	mumorizea Hef	oresentative, Meceiver	
		FILED					
File Date	<del></del>	MAY 2 2 2014	this repo	nalty of perjury, i decis rt, including any accor all statements contains	npanying sche	dules and statements,	
Check No		2216		.4 0 0		r l= -1 = :	
Ву:	10		Signature	of Officer or Authorized	Representative	5 20 201 Date	
FOR SECRETARY OF STATE U	SE ONLY		<b>\</b> \ \ \ .				
- N 004				OSEPH P.			
Form No. 631 Revised:  04/2014				Print or Type Name of Officer or Authorized Representative			
			-/	LEAD U KEI(	- <del>.</del>		