



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:** 2014

**1. Corporate ID No.** 000031302

**2. Name of Corporation** The Richmond Historical Society

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 408, 5 TOWNHOUSE ROAD

City or Town: WYOMING

State: RI Zip: 02898 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**

EDUCATION, REGIONAL, HISTORY, ARCHIVE ACTIVITIES AND HISTORIC PRESERVATION.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
PRESIDENT	RICHARD E WOLKE	25 MAIN STREET CAROLINA, RI 02812 USA
TREASURER	CAROLYN S RICHARD	96 SHANNOCK HILL RD SHANNOCK, RI 02875

SECRETARY	JOHANNA WOLKE	25 MAIN ST CAROLINA, RI 02812 USA
VICE PRESIDENT	PATRICIA A MILLAR	49 HILLSDALE RD W. KINGSTOWN, RI 02892 USA
DIRECTOR	ROBERTA WHELAN	308 SWITCH RD HOPE VALLEY, RI 02832 USA
DIRECTOR	VIRGINIA WILLIAMS	300 SWITCH RD HOPE VALLEY, RI 02832 USA
DIRECTOR	DOREEN WAGNER	21 SKUNK HILL RD HOPE VALLEY, RI 02832 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**

RICHARD E. WOLKE 25 MAIN STREET CAROLINA , RI 02812

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

**Signed this 24 Day of June, 2014 at 8:49:54 AM by the authorized person. *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 company, 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.***

By CAROLYN S. RICHARD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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