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

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 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No. 29471	2. Exact name of the Corporation PAWTUXET VALLEY PRESERVATION AND HISTORICAL SOCIETY
3. State of Incorporation RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island MUSEUM/REFERENCE CENTER TO PRESERVE HISTORY AND PROMOTE KNOWLEDGE IN HISTORY OF PAWTUXET VALLEY.

5. Principal office address	City	State	Zip
1679 MAIN STREET	WEST WARWICK	R.I.	02893

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
CHARLES M. VACCA, JR.	124 FAIRWAY DRIVE	COVENTRY	R.I.	02816

Vice-President Name	Street Address	City	State	Zip
ROYAL J. PACHECO	10 WESTLY STREET	W. WARWICK	RI	02893

Secretary Name	Street Address	City	State	Zip
FRANK FORD		W. WARWICK	R.I.	02893

Treasurer Name	Street Address	City	State	Zip
MARIE J. FORAND	280 WASHINGTON STREET	W. WARWICK	R.I.	02893

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
GERARD TELLIER, JR.	136 BURLINGAME ROAD	W. WARWICK	R.I.	02893

Director Name	Street Address	City	State	Zip
ANTHONY D'ABROSCA	8 PEACH TREE LANE	COVENTRY	R.I.	02816

Director Name	Street Address	City	State	Zip
RAY WOLF	P.O. BOX 261	HOPE	R.I.	02831-0261

Director Name	Street Address	City	State	Zip

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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUL 08 2014
BY 2548

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.

Charles M. Vacca Jr. 7-5-14
Signature of Officer or Authorized Representative Date

Charles M. Vacca Jr. 7-15-14
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
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