



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

1. Entity ID No. 27085		2. Exact name of the Corporation The Barrington Preservation Solcety			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Preserving Buildings, Places and Objects of Historical, Educational, Cultural, or other Similar Interest, Pertaining to the Town of Barrington			
5. Principal office address P.O. Box 178		City Barrington		State RI	Zip 02806
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Julia Califano			Vice-President Name Nathaniel Taylor		
Street Address 151 Mathewson Road			Street Address 20 Lincoln Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Maureen Soutter			Treasurer Name Burton Van Name Edwards		
Street Address 20 Briarfield Road			Street Address 3 Honeysuckle Court		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name David Stonestreet			Director Name Jean Douglas		
Street Address 66 Bluff Street			Street Address 79 Rumstick Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Margaret Whitehead			Director Name Jane Scola		
Street Address 181 Rumstick Road			Street Address 11 Bluff Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 10 2014

2014

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.

Burton Van Name Edwards
Signature of Officer or Authorized Representative

6/30/2014

Date

Burton Van Name Edwards, Treasurer

Print or Type Name of Officer or Authorized Representative