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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.	2. Exact name of the Corporation
30707	The Scituate Preservation Society
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Preservation & Education of Historical Records & Artifacts

5. Principal office address	City	State	Zip
706 Hartford Pike / P.O. Box 551	N. Scituate	RI	02857

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

President Name	Vice-President Name
Salvatore Lombardi	William Frederickson
Street Address: 117 Central Pike	Street Address: 73 Peeptoad Rd
City: N. Scituate State: RI Zip: 02857	City: N. Scituate State: RI Zip: 02857
Secretary Name	**Treasurer Name**
Lucille Benoit	Robert Moore
Street Address: 212 Old Plainfield Pike	Street Address: 31 Central Pike
City: N. Scituate State: RI Zip: 02857	City: N. Scituate State: RI Zip: 02857

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

Director Name	Director Name
Salvatore Lombardi	William Frederickson
Street Address: SAME as above	Street Address: SAME as above
City: State: Zip:	City: State: Zip:
Director Name	**Director Name**
Lucille Benoit	Robert Moore
Street Address: Same as Above	Street Address: Same as Above
City: State: Zip:	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

FILED
JUL 18 2014
BY 1372

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative — Date: 6/3/2014

William Frederickson
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

109362-2-978349