

#4142
4/30/15



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 **2015**

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. 28493		2. Exact name of the Corporation Middletown Historical Society, State of Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Ensure a record of the past, it's heritage, where we came from , for future generations.			
5. Principal office address 275 Paradise Avenue		City Middletown	State RI	Zip 02842	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William H Nedderman			Vice-President Name Gary Paquette		
Street Address 31 Perry Avenue			Street Address 37 White Terrace		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Marianne Tomassone			Treasurer Name M Theresa Santos		
Street Address 5 Daniel Street			Street Address 214 Morrison Avenue		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dr Kenneth Walsh			Director Name Mary Redgate		
Street Address 51 Bayberry Lane			Street Address 12 Champlin Terrace		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Mary Dennis			Director Name Patricia U Connors		
Street Address 1052 East Main Road			Street Address 65 Center Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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

MAY 04 2015

BY 4142

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.

M. Theresa Santos 04/30/2015
 Signature of Officer or Authorized Representative Date

M Theresa Santos, Treasurer

Print or Type Name of Officer or Authorized Representative