

## 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.	2. Exact nar	2. Exact name of the Corporation				
28493	Middleto	Middletown Historical Society, State of Rhode Island				
3. State of Incorporation	4. Brief des	cription of the characte	r of business conducted in Rhode Is	sland		
<b>.</b>	!	•	ast, it's heritage, where we came from , for future			
Rhode Island	generati	ons.				
5. Principal office address 275 Paradise Avenue			City <b>Middletown</b>	State RI	Zip <b>02842</b>	
LIST ALL OFFICERS (		ESSES) ("X" BOX FO				
resident Name			Vice-President Name		<u>,</u>	
Villiam H Nedderm	an		<b>Gary Paquette</b>	State Zig RI 02 State Zig RI 02 ST NO LESS THAN THRE		
Street Address			Street Address			
31 Perry Avenue		37 White Terrace				
City	State	Zip	City	State	Zip	
Middletown	RI	02842	Middletown		02842	
ecretary Name			Treasurer Name			
Marianne Tomassor	ne		M Theresa Santos			
treet Address			Street Address			
Daniel Street			214 Morrison Avenue	e		
ity	State	Zip	City	State	Zip	
lewport	RI	02840	Middletown	RI	02842	
LIST <u>ALL</u> DIRECTORS ("X" BOX FOR ATTACK		PRESSES). RHODE IS	LAND CORPORATIONS MUST L	IST NO LESS THAN	I THREE (3) DIRECT	
irector Name			Director Name			
r Kenneth Walsh			Mary Redgate			
treet Address			Street Address			
51 Bayberry Lane		12 Champlin Terrace				
lity	State	Zip	City		Zip	
liddletown	RI	02842	Middletown	RI	02842	
irector Name			Director Name			
lary Dennis			Patricla U Connors			
treet Address			Street Address	-		
052 East Main Roa	<del></del>		65 Center Avenue	***		
ity	State	Zíp	City	State	Zip	
/liddletown	RI	02842	Middletown	RI	02842	
. REGISTERED AGENT I						
his information is curre	ntly of record in th	e Office of the Secret	ary of State. Changes require fill	ng Form 641.		
nis report must be signed	by either the Preside	ent, Vice-President, Se	cretary, Assistant Secretary, Treasu	urer, duly Authorized	Representative, Rece	
Trustee						

	FILED MAY 0 4 2015	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. Juliusa Sautos 04/30/2015		
FOR SECRETARY OF STATE USE	42	Signature of Officer or Authorized Representative	Date	
		M Theresa Santos, Treasurer		

Form No. 631 Revised: 04/2014