

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 20/5

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILU	JRE TO FILE TH	HIS REPORT	BY JUL	Y 30 WILL RESULT IN A \$25.00	PENALTY	FEE.
1. Entity ID No.	2. Exact name of t	the Corporation	1	. ^ ~		
27990	Burril	Iville	His	storical & Presi	ervat	ion Society
State of Incorporation 4	 Brief description 	n of the charact	ter of bus	iness conducted in Rhode Island		
Rhode Island	Histo	rical	Pre	servation		
5. Principal office address	/ / D	1 D . 4 G	72	City Docoson	State	Zip GO G CO
	Ave, Po			Pascoag	1 2	- 02859
6. LIST ALL OFFICERS (NAMES A President Name	AND ADDRESSE	("X" BOX I		Vice-President Name		
	UCCI			Denice Mitc	hell	
Street Address	11 1		;	Street Address	_	,
1777 Victory	Highu			41 Merrimac		30
Glendale	State RI	Zip O28	26	North Smith field	State RT	02896
Secretary Name Rose Shaw				Treasurer Name Mahel Hopkins		
Street Address				Street Address		
725 Wallum	Laket	2099		175 Cherry Far	m Ro	<u> </u>
City Pascoag	State RI	Zip 028.	59	Harrisville	State R.T.	C2830
7. LIST ALL DIRECTORS (NAMES	S AND ADDRESS	SES). RHODE	ISLAND (CORPORATIONS MUST LIST NO	LESS THAN	THREE (3) DIRECTORS
("X" BOX FOR ATTACHMENT) Director Name	لــا		· · · · · h	Director Name	1	
	ene				nard	
Street Address / C 2 / /				Street Address		
PO BOX 8	324	I—,		611 South		12.
Douglas	State MA	Zip 015	16	City Pascoag	State R	L 02859
Director Name John Sha	W			Director Name		
Street Address 7 a 5 Wallu	om Lak	Le Ros		Street Address		
City Pascoaa S	State R.T.	Zip 028	59	City	State	Zip
8. REGISTERED AGENT IN RHOD	DE ISLAND			·		
This information is currently of re	ecord in the Offic	ce of the Secr	etary of S	State. Changes require filing Form	641.	
•	r the President, Vi	ice-President, S	Secretary,	Assistant Secretary, Treasurer, duly	Authorized F	Representative, Receiver
or Trustee						
				Under penalty of perjury, I decla		
File Date		FII FI	1	this report, including any accordant that all statements contains		
Check No				a H an		1 -1 24
By:		JUN 247	2015	Delly Men	rurd	June 21, 201
	0E 0M V	Incla		Signature of Officer or Authorized	Representati	ve // Date
FOR SECRETARY OF STATE US	SE ONLY	167		-BETTY 1		cuccl
Form No. 631 Revised: 04/2014	<u> </u>			Print or Type Name of Officer or A		