



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 111000		2. Name of Corporation Providence Preservation Society			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island -Street Address 21 MEETING STREET		City PROVIDENCE	Zip 02906-
5. Foreign corporation: Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO IMPROVE THE QUALITY OF LIFE IN THE CITY OF PROVIDENCE THROUGH HISTORIC PRESERVATION AND THE ENHANCEMENT OF THE BUILT ENVIRONMENT.					
7. NAMES AND ADDRESSES OF THE OFFICERS AND DIRECTORS OF THE CORPORATION					
President Name James W Litsey			Vice President Name Oliver H L Bennett		
Street Address 180 South Main Street			Street Address 111 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Mark Van Noppen			Treasurer Name Muriel Jobbers		
Street Address 1570 Westminster Street			Street Address One Citizens Plaza		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE OFFICERS AND DIRECTORS OF THE CORPORATION					
Director Name Mary Kate Harrington			Director Name		
Street Address 21 Meeting Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE OFFICERS AND DIRECTORS OF THE CORPORATION					
Agent Name			Address		
Address			City	State	Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date 10-20-04

Check No. 4590

By: cc

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.

Mary Kate Harrington 9/2/04  
Signature of Officer Date

Mary Kate Harrington  
Print or Type Name of Officer

Interim Exec. Director  
Title of Officer

James W Litsey, President of Board Form 631 Rev. 6/02