



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000028770

**2. Name of Corporation** Providence Children's Museum

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 100 SOUTH STREET

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

CHILDREN'S MUSEUM

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	PETER GERVAIS	117 METRO CENTER BOULEVARD, SUITE 3000 WARWICK, RI 02886 USA
SECRETARY	LINDA ROCKWELL	P.O. BOX 728 WEST KINGSTON, RI 02892 USA
IMMEDIATE PAST PRESIDENT	JESSICA HOLDEN SHERWOOD	132 HUMBOLDT AVE

		PROVIDENCE, RI 02906 USA
PRESIDENT	MATTHEW O LITTLEFIELD	555 CARRIAGE HOUSE LANE WRENTHAM, MA 02903 USA
VICE PRESIDENT	MERVIN H BROWNING III	40 TECHNOLOGY WAY WEST GREENWICH, RI 02817 USA
VICE PRESIDENT	CHRISTIAN LEIBL-COTE	180 MIDDLE STREET PAWTUCKET,, RI 02860 USA
DIRECTOR	CHRISTINE BUSH	384 WICKHAM ROAD N. KINGSTOWN, RI 02852 USA
DIRECTOR	JENNIFER N LIPPMAN	5 MICHAEL MARK LANE CUMBERLAND, RI 02864 USA
DIRECTOR	JEFFREY E MEYER	299 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	JAMES J NAGELBERG	50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE, RI 02903 USA
DIRECTOR	DANA ALEXANDER NOLFE	105 GEORGIA AVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	HEATHER A PIERCE	1 FINANCIAL PLAZA, SUITE 2800 PROVIDENCE, RI 02903 USA
DIRECTOR	MARIANNE PURSLEY	ONE FINANCIAL PLAZA, SUITE 2200 PROVIDENCE, RI 02903 USA
DIRECTOR	MARTHA ROBERTS	10 BOXWOOD CT BARRINGTON, RI 02806 USA
DIRECTOR	MICHAEL E HOGAN	150 UNION STREET UNIT 2016 PROVIDENCE, RI 02903 USA
DIRECTOR	JOHN F ISBERG	280 MELROSE STREET PROVIDENCE, RI 02907 USA
DIRECTOR	GERTRUDE F JONES	11 BEAVER CREEK COURT CRANSTON, RI 02921 USA
DIRECTOR	ELIZABETH LANGE	900 WARREN AVENUE, SUITE 200 EAST PROVIDENCE, RI 02914 USA
DIRECTOR	EDMUND SHALLCROSS III	10 AMICA CENTER BLVD LINCOLN, RI 02865 USA
DIRECTOR	KRISTA L THOMAS	42 FOREST VIEW DRIVE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	STANLEY S DORSEY	278 STILLWATER RD SMITHFIELD, RI 02917 USA
DIRECTOR	ROBERT BANASKI	200 CLARENDON ST BOSTON, MA 02116 USA
DIRECTOR	BINTOU CHATTERTON	150 MAIN ST 2ND FLOOR PAWTUCKET, RI 02862 USA
DIRECTOR	RUSSELL GROSS	117 ELLENFIELD STREET PROVIDENCE, RI 02905 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MEGAN FISCHER 100 SOUTH STREET PROVIDENCE , RI 02903

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 3 Day of August, 2015 at 11:54:06 AM by the authorized person. *This electronic***

*signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KOLBY PURCELL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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