



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 2016

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. 57211		2. Exact name of the Corporation W. Greenwich Historical Preservation Society	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island	
5. Principal office address 67 Fry Pond Rd.		City W. Greenwich	State R.I.
		Zip 02817	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Charlotte B. Jolls		Vice-President Name Anne Harrington	
Street Address 67 Fry Pond Rd.		Street Address 340 Victory Highway	
City W. Greenwich	State R.I.	Zip 02817	City W. Greenwich
			State R.I.
			Zip 02817
Secretary Name Roberta Baker		Treasurer Name Charlotte B. Jolls	
Street Address 320 Sharpe St.		Street Address 67 Fry Pond Rd.	
City W. Greenwich	State R.I.	Zip 02817	City W. Greenwich
			State R.I.
			Zip 02817
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 Charlotte B. Jolls		Director Name Anne Harrington	
Street Address 67 Fry Pond Rd.		Street Address 340 Victory Highway	
City W. Greenwich	State R.I.	Zip 02817	City W. Greenwich
			State R.I.
			Zip 02817
Director Name Roberta Baker		Director Name	
Street Address 320 Sharpe St.		Street Address	
City W. Greenwich	State R.I.	Zip 02817	City
			State
			Zip
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

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.

FILED

MAY 25 2016

Charlotte B. Jolls 5-24-16
 Signature of Officer or Authorized Representative Date

Charlotte B. Jolls
 Print or Type Name of Officer or Authorized Representative

BY **223 DS**