

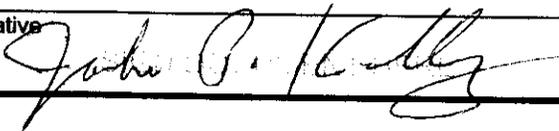


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 28653		2. Exact name of the Corporation Charlestown Historical Society, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Historical Preservation			
5. Principal Office Address 4417 Old Post Road		City Charlestown	State RI	Zip 02813	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Pamela Lyons		Vice-President Name Suzanne Ferrio			
Street Address 50Town Dock Road		Street Address 37 Pietila Road			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Robin W. Quinn		Treasurer Name John P. Kelley			
Street Address 22 Woodcock Trail		Street Address 4380 Old Post Road			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Dan Alves		Director Name Alan Angelo			
Street Address 90 Grandbrook Circle Apt 1514		Street Address 39 Indian Trail			
City Wakefield	State RI	Zip 02879	City Charlestown	State RI	Zip 02813
Director Name Elizabeth Shea		Director Name			
Street Address 62 Klondike Road		Street Address			
City Charlestown	State RI	Zip 02813	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative John P. Kelley				Date 11/30/2016	
Signature of Officer/Authorized Representative 					

FILED

DEC 05 2016

By

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MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov