

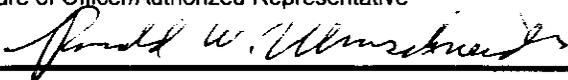


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

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 29179		2. Exact name of the Corporation Society of Mayflower Descendants in the State of Rhode Island and Providence Plantatio			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Educational organization per training to Mayflower Descendants			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address 314 Pine Hill Road		City Wakefield	State RI	Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William P.Ulmschneider		Vice-President Name Peter Sarazin			
Street Address 191 Meadow Tree Farm Road		Street Address 27 Coutu St			
City Saunderstown	State RI	Zip 02874	City Franklin	State MA	Zip 02038
Secretary Name Linda K. Becker		Treasurer Name Ronald W. Ulmschneider			
Street Address 15 Oliver Hazard Perry Rd		Street Address 314 Pine Hill Rd			
City Portsmouth	State RI	Zip 02871	City Wakefield	State RI	Zip 02879
8. 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 Todd Holden		Director Name Nancy Wildes			
Street Address 73 Gibbs Ave		Street Address 99 Major Potter Rd			
City Wareham	State MA	Zip 02571	City Warwick	State RI	Zip 02886
Director Name Kevin England		Director Name Dean Holt II			
Street Address 19 Newport St		Street Address 333 Village Rd			
City Providence	State RI	Zip 02904	City Tiverton	State RI	Zip 02878
9. 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, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Ronald W. Ulmschneider				Date May 22, 2017	
Signature of Officer/Authorized Representative 				FILED	

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

JUN 07 2017
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