



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 **2017**

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. 28493		2. Exact name of the Corporation middletown historical society, state of rhode island			
3. State of Incorporation rhode island		4. Brief description of the character of business conducted in Rhode Island spreading the word and recording the history of the town of middletown for generations to come			
5. Principal office address middletown post office box #4196		City middletown	State ri	Zip 02842	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name gary paquette		Vice-President Name mary dennis			
Street Address 37 white terrace		Street Address 1052 east main road			
City middletown	State ri	Zip 02842	City middletown	State ri	Zip 02842
Secretary Name christina alvernaz		Treasurer Name m theresa santos			
Street Address 12 mann avenue apt #1		Street Address 214 morrison avenue			
City newport	State ri	Zip 02840	City middletown	State ri	Zip 02842
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 mary redgate		Director Name william nedderman			
Street Address 12 champlin terrace		Street Address 31 perry avenue			
City middletown	State ri	Zip 02842	City middletown	State ri	Zip 02842
Director Name betty jane owen		Director Name professor kenneth walsh			
Street Address p o box 4004		Street Address 51 bayberry lane			
City middletown	State ri	Zip 02842	City middletown	State ri	Zip 02842
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.

M. Theresa Santos
 Signature of Officer or Authorized Representative

06/09/2017
 Date

FILED

JUN 12 2017

m theresa santos, treasurer

Print or Type Name of Officer or Authorized Representative

BY 4505 DS