



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 57211		2. Exact name of the Corporation W. G. Historical Preservation Society			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island continue preserving old pictures of town - help maintain community education in history of town maintain historical preservation section			
4. NAICS Code 91					
6. Principal Office Address 67 Fry Pond Rd.			City W. Greenwich	State R.I.	Zip 02817
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charlotte B. Tolls			Vice-President Name Annie Harrington		
Street Address 67 Fry Pond Rd.			Street Address 340 Victory Highway		
City W. G.	State R.I.	Zip 02817	City W. G.	State R.I.	Zip 02817
Secretary Name Roberta Baker			Treasurer Name Charlotte B. Tolls		
Street Address 320 Sharpe St.			Street Address 67 Fry Pond Rd.		
City W. G.	State R.I.	Zip 02817	City W. G.	State R.I.	Zip 02817
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 Charlotte B. Tolls			Director Name Annie Harrington		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name Roberta Baker			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Charlotte B. Tolls					Date 6-21-17
Signature of Officer/Authorized Representative Charlotte B. Tolls					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUN 22 2017

BY

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FORM 631 - Revised: 05-2017

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