RI SOS Filing Number: 201746785480 Date: 6/27/2017 4:00:00 PM

State of Rhode Island and Department of Sta			ivision	-		
Annuai Report for the year Non-Profit Corporation → Filing period: June 1 - June 30 → Filing Fee: \$20.00	2017			2017 JUN 27	R.I. DEP	
→ Penalty: Additional \$25.00 fee if	form is not filed by	July 30.		27	STEE STEE	
1. Entity ID Number	\$	of the Corporation		A.	0 S 15. 03.	
28289	The Massasoit Historical Association of Warren RI			AM 10:	22	
State of Incorporation		5. Brief description of the character of business conducted in Rhode Island				
RI	Preservation of Maxwell House and history of Warren. Educate public on house's and town's history and promote interest in same.					
4. NAICS Code						
813312 - Environment, Conserv	<u> </u>					
6. Principal Office Address			City	State	Zip	
59 Church St			Warren	RI	02885	
7. List ALL officers (names and ad	dresses)		box to indicate a	n attachment		
President Name Debra Jobin			Vice-President Name Patricia Read			
Street Address 7 Columbus Ave			Street Address 12 Bradbury St			
City Barrington	State RI	^{Zip} 02806	City Warren	State RI	^{Zip} 02885	
Secretary Name Kristin Read			Treasurer Name Clifford Morey			
Street Address 12 Cherry St			Street Address 7 Reservoir Ave			
City Warren	State RI	^{Zip} 02885	City Bristol	State RI	^{Zip} 02809	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name John Chaney			Director Name Renee Hanson			
Street Address 172 Water St			Street Address 7 Columbus Ave			
City Warren	State RI	^{Zip} 02885	City Barrington	State RI	Zip 02806	
Director Name Richard Valente			Director Name Joseph Wagenbach			
Street Address 36 Barden Ln			Street Address 12 Cherry St			
City Warren	State RI	^{Zip} 02885	City Warren	State RI	Zip 02885	
9. Registered Agent in Rhode Islan	d. This information i	is currently of record	in the Department of State. Changes req	uire filing Form 641.	<u> </u>	
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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative				Date		
Clifford Morey , Treasurer				06-24-2017		

MAIL TO:

Division of Business Services

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

Signature of Officer/Authorized Representative

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 2 7 2017

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FORM 631 - Revised: 06/2017

Additional Directors for Massasoit Historical Assoc. of Warren RI 2017 Non-Profit Corporation report –Entity number 28289

Amanda Beaulieu-Smith 11 Mayo Dr

Warren RI 02885

Priscilla Drummond 225 Carlton Ave Warwick RI 02889 Terry Yates 10 Emery Rd Warren RI 02885

Wendy Pacheco c/o Kickemuit Village Warren RI 02885