



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 28812		2. Exact name of the Corporation Museum of Primitive Art & Culture			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Museum of Archeology			
4. NAICS Code 712110					
6. Principal Office Address 1058 Kingstown Road, #5			City Peace Dale	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lisa Fiore			Vice-President Name Mary Brown		
Street Address 74 Kettle Pond Drive			Street Address 568 Post Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Linda Hennessey			Treasurer Name Bette Marco		
Street Address 17 Eagle Nest Terrace			Street Address 44 Uncle Sam's Lane		
City Peace Dale	State RI	Zip 02879	City Peace Dale	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 checked="" type="checkbox"/>					
Director Name Sarah Turnbaugh			Director Name Karen Ellsworth		
Street Address 17 Normandy Road			Street Address 180 Matunuck Schoolhouse Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Margaret Leeson			Director Name Mary Ellen Moffitt		
Street Address 259A Ministerial Road			Street Address 10 Hillcrest Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 BETTE A MARCO					Date 6/28/17
Signature of Officer/Authorized Representative <i>Bette A Marco</i>					FILED JUL 03 2017 RV <u>4776</u>

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



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Street Address			Street Address				
City	State	Zip	City	State	Zip		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
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 Timothy Philbrick			Director Name Louise Weaver				
Street Address 681 Main Street			Street Address 38 Leeward Lane				
City Wakefield	State RI	Zip 02879	City Wakefield	State Ri	Zip 02879		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
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