



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 <b>28812</b>		2. Exact name of the Corporation <b>Museum of Primitive Art &amp; Culture</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Museum of Archeology</b>			
4. NAICS Code <b>712110</b>					
6. Principal Office Address <b>1058 Kingstown Road, #5</b>			City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02879</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Lisa Fiore</b>			Vice-President Name <b>Mary Brown</b>		
Street Address <b>74 Kettle Pond Drive</b>			Street Address <b>568 Post Road</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>Linda Hennessey</b>			Treasurer Name <b>Bette Marco</b>		
Street Address <b>17 Eagle Nest Terrace</b>			Street Address <b>44 Uncle Sam's Lane</b>		
City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02879</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>Sarah Turnbaugh</b>			Director Name <b>Karen Ellsworth</b>		
Street Address <b>17 Normandy Road</b>			Street Address <b>180 Matunuck Schoolhouse Road</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Director Name <b>Margaret Leeson</b>			Director Name <b>Mary Ellen Moffitt</b>		
Street Address <b>259A Ministerial Road</b>			Street Address <b>10 Hillcrest Road</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>BETTE A MARCO</b>					Date <b>6/28/17</b>
Signature of Officer/Authorized Representative <i>Bette Marco</i>					<b>FILED</b> 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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President Name			Vice-President Name		
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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Timothy Philbrick</b>			Director Name <b>Louise Weaver</b>		
Street Address <b>681 Main Street</b>			Street Address <b>38 Leeward Lane</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>Ri</b>	Zip <b>02879</b>
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Street Address			Street Address		
City	State	Zip	City	State	Zip
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Name of Officer/Authorized Representative <b>BETTE A. MARCO</b>					Date <b>6/28/17</b>
Signature of Officer/Authorized Representative <i>Bette A. Marco</i>					

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