



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

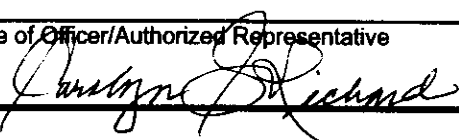
Annual Report for the year: 2017

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 000031302		2. Exact name of the Corporation The Richmond Historical Society			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Education in regional and local history; archival preservation and maintenance			
4. NAICS Code 813990 - Other Similar Orga <input type="checkbox"/>					
6. Principal Office Address 5 Town House Rd (PO Box 408)		City Wyoming	State RI	Zip 02898-0408	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Johnson			Vice-President Name Richard E. Wolke		
Street Address One Shadow Ridge Dr			Street Address 25 Carolina Main St		
City Carolina	State RI	Zip 02812	City Carolina	State RI	Zip 02812
Secretary Name Johanna Wolke			Treasurer Name Carolyn S. Richard		
Street Address 25 Carolina Main St			Street Address 96 Shannock Hill Rd (PO Box 8)		
City Carolina	State RI	Zip 02812	City Shannock	State RI	Zip 02875
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 Doreen Wagner			Director Name Patricia A. Millar		
Street Address 42 Shickasheen Way			Street Address 49 Hillsdale Rd		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Director Name Jessica Wolke			Director Name		
Street Address Barber Lane			Street Address		
City Hope Valley	State RI	Zip 02832	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.					
<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 Carolyn S. Richard, Treasurer				Date June 30, 2017	
Signature of Officer/Authorized Representative 					

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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