



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 26562		2. Exact name of the Corporation The East Providence Historical Society			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Historical Society			
4. NAICS Code 84129901 <input type="checkbox"/>					
6. Principal Office Address P.O. Box 4774		City East Providence	State RI	Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nancy Moore		Vice-President Name Deborah Ormerod			
Street Address 14 Josephine Avenue		Street Address P.O. Box 16473			
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name Nancy Allen		Treasurer Name Dorothy Thornley			
Street Address 38 Tullson Avenue		Street Address 57 Drowne Parkway			
City Seekonk	State MA	Zip 02771	City Rumford	State RI	Zip 02916
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 Pat Henry		Director Name Jeffrey Faria			
Street Address 80 North Broadway		Street Address 89 Read Street			
City Rumford	State RI	Zip 02916	City Seekonk	State MA	Zip 02771
Director Name Cheryl Faria		Director Name			
Street Address 89 Read Street		Street Address			
City Seekonk	State MA	Zip 02771	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.

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 Dorothy Thornley		Date 7-18-17
Signature of Officer/Authorized Representative <i>Dorothy Thornley</i>		FILED JUL 19 2017

BY *[Signature]*