



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>26562</b>	2. Exact name of the Corporation <b>The East Providence Historical Society</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>Historical Society</b>
4. NAICS Code 84129901 <input type="checkbox"/>	

6. Principal Office Address <b>P.O. Box 4774</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
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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>Nancy Moore</b>			Vice-President Name <b>Deborah Ormerod</b>		
Street Address <b>14 Josephine Avenue</b>			Street Address <b>P.O. Box 16473</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
Secretary Name <b>Nancy Allen</b>			Treasurer Name <b>Dorothy Thornley</b>		
Street Address <b>38 Tullson Avenue</b>			Street Address <b>57 Drowne Parkway</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</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 type="checkbox"/></span>					
Director Name <b>Pat Henry</b>			Director Name <b>Jeffrey Faria</b>		
Street Address <b>80 North Broadway</b>			Street Address <b>89 Read Street</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
Director Name <b>Cheryl Faria</b>			Director Name		
Street Address <b>89 Read Street</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	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 <b>Dorothy Thornley</b>	Date <b>7-18-17</b>
Signature of Officer/Authorized Representative <i>Dorothy Thornley</i>	<b>FILED</b> <b>JUL 19 2017</b>

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

BY *[Signature]*