



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000110529

**2. Name of Corporation** Rhode Island Labor History Society

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813930

**4. Corporate Address in Rhode Island**

No. and Street: 167 PINECREST DRIVE

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 167 PINECREST DRIVE

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

THE PRESERVATION OF WORKING CLASS AND IMMIGRANT MATERIALS AND THE  
POPULAR DISSEMINATION OF THAT HISTORY.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES PARISI	19 BIRCHTREE DR JOHNSTONN, RI 02919 USA
TREASURER	MATTHEW DITOMASSO	167 PINECREST DR NORTH KINGSTOWN, RI 02852 USA
VICE PRESIDENT	LINDA LACLAIR	147 PROSPECT STREET PROVIDENCE, RI 02906 USA
OTHER OFFICER	MATTHEW DITOMASSO	167 PINECREST DRIVE NORTH KINGSTOWN, RI 02852
DIRECTOR	SCOTT MOLLOY	550 USQUEPAUGH RD WEST KINGSTON, RI 02892 USA
DIRECTOR	CATHERINE COLLETTE	5539 POST ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	PATRICK BRADY	106 CUMBERLAND AVE SOUTH ATTLEBORO, MA 02703 USA
DIRECTOR	VICKI GREIG	85 ALGER AVE PROVIDENCE, RI 02907 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SCOTT MOLLOY HART HOUSE, URI 34 UPPER COLLEGE ROAD KINGSTON , RI 02881

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 27 Day of July, 2017 at 4:17:34 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By MATTHEW DITOMASSO  
Signature of Authorized Person

Form No. 631  
Revised 09/07