



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

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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 <u>000159483</u>	2. Exact name of the Corporation <u>MEDIA - OAK HILL HISTORIC SITE AND S.S. POISS MEDIA CENTER INC</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>EG. A HISTORIC SITE / LANDMARK + MUSEUM INFO RESEARCH + VISITOR CENTER. I FEATURING PUBLIC OUTREACH PROGRAMS AT OAK HILL</u>
4. NAICS Code <u>712120</u>	

6. Principal Office Address <u>204 RAYBURN ST.</u>	City <u>WONSAKONET</u>	State <u>RI</u>	Zip <u>02895</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>NORMA JAWORSKI</u>			Vice-President Name		
Street Address <u>17 LEBRON RD.</u>			Street Address		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City	State	Zip
Secretary Name <u>ELIZABETH VANCEL</u>			Treasurer Name		
Street Address <u>335 HANCOCK AVE.</u>			Street Address		
City <u>WONSAKONET</u>	State <u>RI</u>	Zip <u>02895</u>	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment

Director Name <u>NORMA JAWORSKI</u>			Director Name <u>DR. MENCIA</u>		
Street Address <u>17 LEBRON RD.</u>			Street Address <u>60 OAK HILL / 204 RAYBURN ST.</u>		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>WONSAKONET</u>	State <u>RI</u>	Zip <u>02895</u>
Director Name <u>ELIZABETH VANCEL</u>			Director Name <u>BRUCE SWANER</u>		
Street Address <u>335 HANCOCK AVE.</u>			Street Address <u>20 FRONT ST.</u>		
City <u>WONSAKONET</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>WONSAKONET</u>	State <u>RI</u>	Zip <u>02895</u>

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 <u>ELIZABETH VANCEL</u>	Date <u>10.13.17</u>
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Signature of Officer/Authorized Representative 	SIGN DOCUMENT HERE FILED OCT 13 2017
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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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