



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

Annual Report for the year:
Non-Profit Corporation

2016

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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2017 OCT 13 PM 4:25
R.I. DEPT. OF STATE
BUS. SERVICES DIVISION

1. Entity ID Number 000159483		2. Exact name of the Corporation MEDUSA - OAK HILL HISTORIC SITE AND MUSEUM MEDIA CENTER INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EST. A HISTORIC SITE/LANDMARK + MUSEUM INFO, RESEARCH + VISITOR CENTER. IT FEATURING PUBLIC OUTREACH PROGRAMS AT OAK HILL	
4. NAICS Code 712120			
6. Principal Office Address 204 RADZUNSKI ST.		City WONSOCKET	State RI
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name NORMA JANKES		Vice-President Name	
Street Address 17 CRESCENT RD.		Street Address	
City PANTUCKET	State RI	Zip 02861	
Secretary Name ELIZABETH VANCE		Treasurer Name	
Street Address 335 HANCOCK AVE.		Street Address	
City WONSOCKET	State RI	Zip 02895	
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 NORMA JANKES		Director Name DEE MENCHANT	
Street Address 17 CRESCENT RD.		Street Address 20 OAK HILL / 204 RADZUNSKI ST.	
City PANTUCKET	State RI	Zip 02861	
Director Name ELIZABETH VANCE		Director Name KRISTIN SWANER	
Street Address 335 HANCOCK AVE.		Street Address 20 FRONT ST.	
City WONSOCKET	State RI	Zip 02895	
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 ELIZABETH VANCE			Date 10.13.17
Signature of Officer/Authorized Representative <i>[Signature]</i>			SIGN DOCUMENT HERE FILED

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

OCT 13 2017
BY *[Signature]* 314855

FORM 631 - Revised: 06/201

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