



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 28653 | | 2. Exact name of the Corporation Charlestown Historical Society, Inc. | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Historical Preservation | | | |
| 4. NAICS Code 712110 | | | | | |
| 6. Principal Office Address 4417 Old Post Road | | City Charlestown | | State RI | Zip 02813 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Pamela Lyons | | | Vice-President Name Suzanne Ferrio | | |
| Street Address 50 Town Dock Road | | | Street Address 37 Pietila Road | | |
| City Charlestown | State RI | Zip 02813 | City Charlestown | State RI | Zip 02813 |
| Secretary Name Robin W. Quinn | | | Treasurer Name John P. Kelley | | |
| Street Address 22 Woodcock Trail | | | Street Address 4380 Old Post Road | | |
| City Charlestown | State RI | Zip 02813 | City Charlestown | State RI | Zip 02813 |
| 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 Dan Alves | | | Director Name Alan Angelo | | |
| Street Address 90 Grandbrook Circle Apt 1514 | | | Street Address 39 Indian Trail | | |
| City Wakefield | State RI | Zip 02879 | City Charlestown | State RI | Zip 02813 |
| Director Name Elizabeth Shea | | | Director Name | | |
| Street Address 62 Klondike Road | | | Street Address | | |
| City Charlestown | State RI | Zip 02813 | 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i> | | | | | |
| Name of Officer/Authorized Representative John P. Kelley | | | | Date 2/26/2018 | |
| Signature of Officer/Authorized Representative  | | | | 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

FILED
MAR 01 2018
BY **2975**