RI SOS Filing Number: 201859696400 Date: 3/2/2018 4:00:00 PM

| State of Rhode Island and F Department of State | Providence Plantations 2 - 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.

STAMP

| 1. Entity ID Number | 2. Exact name of | 2. Exact name of the Corporation | | | | | | |
|---|--|---|--|----------------------------------|----------------------|--|--|--|
| 75410 | PSNC Holdin | PSNC Holdings, Inc | | | | | | |
| 3. State of Incorporation | 5. Brief descript | 5. Brief description of the character of business conducted in Rhode Island | | | | | | |
| Rhode Island | FOR THE EX | FOR THE EXCLUSIVE PURPOSE OF HOLDING TITLE TO PROPERTY, COLLECTING ANY | | | | | | |
| 4. NAICS Code | INCOME THEREFROM AND TURNING OVER ENTIRE AMOUNT LESS EXPENSES TO | | | | | | | |
| 813319 - Other Social Advoc | THE PRESER | EVATION SOCI | ETY OF NEWPORT COL | JNTY. | | | | |
| 6. Principal Office Address | <u> </u> | | City | State | Zip | | | |
| 424 Bellevue Avenue | | | Newport | RI | 02840 | | | |
| 7. List ALL officers (names and add | | | | Check the box to indicate | an attachment | | | |
| President Name Monty Burnham | | | Vice-President Name David P. Leys | | | | | |
| Street Address c/o 424 Bellevue Avenue | | | Street Address c/o 424 Believue Avenue | | | | | |
| City Newport | State RI | Zip 02840 | City Newport | State RI | ^{Zip} 02840 | | | |
| Secretary Name William N. Wood | ^{ame} William N. Wood Prince | | Treasurer Name William F. Lucey III | | | | | |
| Street Address c/o 424 Bellevue | Ачелие | | Street Address c/o 424 Bellevue Avenue | | | | | |
| City Newport | State RI | ^{Zip} 02840 | City Newport | State RI | ^{Zip} 02840 | | | |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to Indicate an attachment | | | | | | | | |
| Director Name Monty Burnham | | | Director Name William P. Egan II | | | | | |
| Street Address c/o 424 Bellevue Avenue | | | Street Address c/o 424 Bellevue Avenue | | | | | |
| City Newport | State RI | ^{Zip} 02840 | City Newport | State RI | ^{Zip} 02840 | | | |
| Director Name David P. Leys | | | Director Name William F. Lucey III | | | | | |
| Street Address c/o 424 Bellevue Avenue | | Street Address c/o 424 Bellevue Avenue | | | | | | |
| ^{City} Newport | State RI | ^{Zip} 02840 | City Newport | State RI | ^{Zip} 02840 | | | |
| 9. Registered Agent In Rhode Islan | d. This information ! | is currently of record | d in the Department of State. Cl | hanges require filing Form 64 | 11. | | | |
| Under penalty of perjury, I declar statements, and that all statemen | | | • • • | y accompanying schedu | iles and | | | |
| This report must be signed by either the Pres | ildent, Vice-President, | Secretary, Assistant Se | ecretary, Treasurer, duly Authorized | Representativa, Receiver or Trus | i lea . | | | |
| Name of Officer/Authorized Representative Monty Burnham, President | | | | Date 27 Feb. | 27 Feb. 2018 | | | |
| Signature of Officer/Authorized Representative SIGN DOCUMENT HERE | | | | | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov

MAR 0 2 2018 DZ

FORM 631 - Revised: 05/2017

PSNC Holdings, Inc Corporate ID No. 75410 Additional Directors

2017

William N. Wood Prince c/o 424 Bellevue Ave Newport, RI 02840

William F. Hatfield c/o 424 Bellevue Ave Newport, RI 02840

James M. Burress c/o 424 Bellevue Ave Newport, RI 02840