



**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:** 2018

**1. Corporate ID No.** 000121329

**2. Name of Corporation** Quonochontaug Historical 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

813990

**4. Corporate Address in Rhode Island**

No. and Street: 32 NEPTUNE AVENUE

City or Town: CHARLESTOWN

State: RI

Zip: 02813

Country: USA

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

No. and Street:

City or Town: State: Zip: Country:

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

TO INFORM OUR RESIDENTS ABOUT THE HISTORY OF OUR BEACH COMMUNITY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT      | WILLIAM WILSON                                        | 22 BAY ST<br>CHARLESTOWN, RI 02813 USA                            |
| TREASURER      | THOMAS G DOYLE                                        | 32 NEPTUNE AVE.<br>CHARLESTOWN, RI 02813 USA                      |
| SECRETARY      | LEAH BRADSHAW                                         | 34 OCEAN VIEW AVE.<br>CHARLESTOWN, RI 02813 USA                   |
| VICE PRESIDENT | JOAN GORDON                                           | 50 KIRSTEN COURT<br>WARWICK, RI 02888 USA                         |
| DIRECTOR       | RICK CROTEAU                                          | 401 SUNSET DRIVE<br>CHARLESTOWN, RI 02813 USA                     |
| DIRECTOR       | BETTY BUCKLEY                                         | 24 W. NIANYIC AVE<br>CHARLESTOWN, RI 02813 USA                    |
| DIRECTOR       | DONNA JORDAN                                          | 26 WEST END ROAD<br>CHARLESTOWN, RI 02813 USA                     |
| DIRECTOR       | ROBERT PETER MOGIELNICKI                              | 3741 NE 35TH AVENUE<br>PORTLAND, OR 97212 USA                     |
| DIRECTOR       | PAUL MATHEWS                                          | 27 SURFSIDE AVE<br>CHARLESTOWN, RI 02813 USA                      |
| DIRECTOR       | CHARLOTTE HOHL                                        | 410 NARROW LANE<br>CHARLESTOWN, RI 02813 USA                      |
| DIRECTOR       | SANDRA CHAMPION                                       | 60 MIDLAND ROAD<br>CHARLESTOWN, RI 02813 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**

THOMAS G DOYLE 32 NEPTUNE AVENUE CHARLESTOWN , RI 02813

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

**Signed this 2 Day of June, 2018 at 3:02:58 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 THOMAS G. DOYLE  
Signature of Authorized Person

Form No. 631  
Revised 09/07