

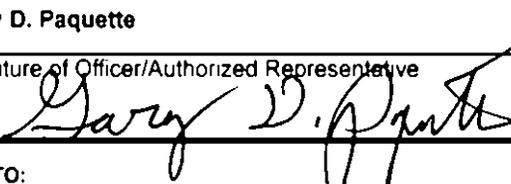


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
 Non-Profit Corporation

51212

- 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 000028493		2. Exact name of the Corporation Middletown Historical Society, State of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To preserve the history of Middletown for future generations			
4 NAICS Code 712110					
6. Principal Office Address PO Box 4196		City Middletown	State RI	Zip 02842	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gary D. Paquette		Vice-President Name Mary Dennis			
Street Address 37 White Terrace		Street Address 1052 East Main Road			
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Christina Alvernas		Treasurer Name M. Theresa Santos			
Street Address 12 Mann Avenue, Apt 1		Street Address 214 Morrison Avenue			
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
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 Charles DiTucci		Director Name Mary Redgate			
Street Address 84 Howland Avenue		Street Address 1 Francisco Drive			
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Anna Hallett		Director Name Rebecca Schiff			
Street Address 406 Semmes Street		Street Address 31 Deck Street			
City Middletown	State RI	Zip 02842	City Jamestown	State RI	Zip 02835
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 Gary D. Paquette				Date 6/7/2018	
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.ri.gov

FILED

JUN 11 2018

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