

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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

2018

317 . 14

→ 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	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	To preserve the history of Middletown for future generations				
4 NAICS Code	1				
712110					
Principal Office Address	•		City	State	Zip
PO Box 4196			Middletown	RI	02842
7. List ALL officers (names and ac	dresses)			Check the box to indi	cate an attachment
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 a	iddresses). RI Co	rporations MUST	list at least THREE directors	Check the box to indi	cate an attachment
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 Isla	nd. This information	is currently of reco	ord in the Department of State. Cha	anges require filing Form 6	641
Under penalty of perjury, I decla statements, and that all stateme				accompanying sched	lules and
This report must be signed by either the Pre	sident, Vice-President,	Secretary, Assistant	Secretary, Treasurer, duly Authonzed R	lepresentative, Receiver or Tru	ıstee
Name of Officer/Authorized Repre	sentative			Date / /c	2.10
Gary D. Paquette			6/7/-	2018	
Signature of Officer/Authorized Re	presentative	SIGN DOC	CUMENT HERE		
- J-V	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 JUN 1 1 2018

FORM 631 - Revised: 11/2017