



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

STAMP

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 266203		2. Exact name of the Corporation Museum of Work & Culture Preservation Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To obtain Public and Private support to perpetuate the efforts of the Museum of Work & Culture.			
4. NAICS Code 813219 - Other Grantmaking an					
6. Principal Office Address 42 South Main Street		City Woonsocket		State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mr. Paul Bourget		Vice-President Name Mr. Daniel Gendron			
Street Address 365 Elm St.		Street Address 87 Arland Ct.			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Mrs. Renee Darling		Treasurer Name Mr. Timothy Draper			
Street Address 99 Cumberland St.		Street Address 1005 Douglas Pike			
City Woonsocket	State RI	Zip 02895	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Mr. Robert Billington		Director Name Mr. Roger Bouchard			
Street Address 175 Main St.		Street Address 341 Prospect St.			
City Pawtucket	State RI	Zip 02860	City Woonsocket	State RI	Zip 02895
Director Name Mr. Peter Conway		Director Name Ms. Patricia Jarvis			
Street Address 10 Nate Whipple Highway		Street Address 148 Warwick St.			
City Cumberland	State RI	Zip 02864	City Woonsocket	State RI	Zip 02895
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 Paul Bourget				Date June 15, 2018	
Signature of Officer/Authorized Representative <i>Paul A Bourget</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 15 2018

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FORM 631 - Revised: 11/2017

Museum of Work & Culture Foundation Board 2018 (con't) 266203

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