



Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2018

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUL 09 2018

BY

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1. Entity ID Number <u>30947</u>		2. Exact name of the Corporation <u>Coventry Historical Society</u>		
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Preserving the history of Coventry, RI for future generations.</u>		
4. NAICS Code <u>813990</u>				
6. Principal Office Address <u>5800 Flat River Rd., Greene, RI</u>		City <u>Greene</u>	State <u>RI</u>	Zip <u>02827</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name <u>Virginia Sovey</u>		Vice-President Name <u>Deborah Fielder</u>		
Street Address <u>3618 Flat River Rd.</u>		Street Address <u>23 Susan Bowen Rd.</u>		
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>Greene</u>	State <u>RI</u>
Secretary Name <u>Patricia Izbiicki</u>		Treasurer Name <u>Mary Deary</u>		
Street Address <u>5800 Flat River Rd.</u>		Street Address <u>12 Cynthia Dr.</u>		
City <u>Greene</u>	State <u>RI</u>	Zip <u>02827</u>	City <u>Coventry</u>	State <u>RI</u>
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 <u>Faith Jacobsen</u>		Director Name <u>Virginia Newton</u>		
Street Address <u>57 Knotty Oak Rd.</u>		Street Address <u>3592 Flat River Rd.</u>		
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>Coventry</u>	State <u>RI</u>
Director Name <u>Steven Kenny</u>		Director Name		
Street Address <u>77 Lenox Ave.</u>		Street Address		
City <u>W. Warwick</u>	State <u>RI</u>	Zip <u>02893</u>	City	State
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.				
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>				
Name of Officer/Authorized Representative <u>Mary C. Deary</u>			Date <u>7/2/18</u>	
Signature of Officer/Authorized Representative <u>Mary C. Deary, Treasurer</u> SIGN DOCUMENT HERE				