



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

Annual Report for the year: 2018

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.

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 SECRETARY OF STATE
 CORPORATIONS DIV

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1. Entity ID Number 484856		2. Exact name of the Corporation Exeter Historical Association			
3. State of Incorporation Rhode Island 813110		4. Brief description of the character of business conducted in Rhode Island To collect, preserve and disseminate knowledge and information about the history of Exeter, RI and its residents, and to preserve artifacts and historically significant sites.			
5. Principal Office Address 159 Old Voluntown Road			City Exeter	State RI	Zip 02822
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sheila M. Reynolds-Boothroyd			Vice-President Name Gary Boden		
Street Address 159 Old Voluntown Road			Street Address 8 Lodge Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Gary Boden			Treasurer Name Sheila M. Reynolds-Boothroyd		
Street Address 8 Lodge Road			Street Address 159 Old Voluntown Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
7. 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 Sheila M. Reynolds-Boothroyd			Director Name Gary Boden		
Street Address 159 Old Voluntown Road			Street Address 8 Lodge Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Director Name Susan Foley			Director Name Julia Kliever		
Street Address 293C Ten Rod Road			Street Address 2415 Tower Hill Road		
City Exeter	State RI	Zip 02822	City Saunderstown	State RI	Zip 02874
8. 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 Sheila M. Reynolds-Boothroyd					Date 7-24-2018
Signature of Officer/Authorized Representative 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

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FORM 631 - Revised: 02/2017

484852

EXETER HISTORICAL ASSOCIATION

2018 ANNUAL REPORT

BOARD OF DIRECTORS (continued)

Susan Foley

293C Ten Rod Road

Exeter, RI, 02822

~~Julia Kliever~~

~~2415 Tower Hill Road~~

~~Saunderstown, RI, 02874~~

Doreen Wagner

21 Skunk Hill Road

Hope Valley, RI, 02832