RI SOS Filing Number: 201873734030 Date: 7/30/2018 4:00:00 PM

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

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CORPORATIONS DIV
2018 JUL 30 AM 11:08

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.

1. Entity ID Number	2. Exact name of the Corporation
000026480	East Greenwich Historic Preservation Society, Inc
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: The preservation of the heritage of East Greenwich, its history, its customs, its artifacts The promotion, through education, of an interest and appreciation of this heritage. The preservation of historic buildings and sites of interest
4. NAICS Code: 813312	

6. Principal Office Address	City	State	Zip
110 King St	East Greenwich	RI	02818

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
VIRGINIA SCHMIDT PARKER, M.D.	94 HEDGEROW DRIVE	WARWICK	RI	02886

Vice-President Name	Street Address	City	State	Zip
GENE DUMAS	48 MONTROSE ST	EAST GREENWICH	RI	02818

Secretary Name	Street Address	City	State	Zip
GLORIA DEPAOLA	26 BLUEBERRY DRIVE	EAST GREENWICH	RI	02818

Treasurer Name	Street Address	City	State	Zip
JOSEPH MCGINN	46 HOPKINS AVE	EAST GREENWICH	RI	02818

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
RACHEL PEIRCE	122 PLEASANT ST	NORTH KINGSTOWN	RI	02852

Director Name	Street Address	City	State	Zip
SUSAN CURADO	441 CEDAR AVE	EAST GREENWICH	RI	02818

Director Name	Street Address	City	State	Zip
Teresa Romano	131 CEDAR AVE	EAST GREENWICH	RI	02818

Director Name	Street Address	City	State	Zip

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
VIRGINIA SCHMIDT PARKER, MD PRESIDENT	07/24/2018

Signature of Officer/Authorized Representative: Virginia Schmidt Parker, MD

FILED
JUL 30 2018
BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017