



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JUL 30 AM 11:08

1. Entity ID Number 000026480		2. Exact name of the Corporation 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 110 King St		City East Greenwich	State RI
		Zip 02818	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name VIRGINIA SCHMIDT PARKER, M.D.		Vice-President Name GENE DUMAS	
Street Address 94 HEDGEROW DRIVE		Street Address 48 MONTROSE ST	
City WARWICK	State RI	City EAST GREENWICH	State RI
Zip 02886		Zip 02818	
Secretary Name GLORIA DEPAOLA		Treasurer Name JOSEPH MCGINN	
Street Address 26 BLUEBERRY DRIVE		Street Address 46 HOPKINS AVE	
City EAST GREENWICH	State RI	City EAST GREENWICH	State RI
Zip 02818		Zip 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 RACHEL PEIRCE		Director Name SUSAN CURADO	
Street Address 122 PLEASANT ST		Street Address 441 CEDAR AVE	
City NORTH KINGSTOWN	State RI	City EAST GREENWICH	State RI
Zip 02852		Zip 02818	
Director Name TERESA ROMANO		Director Name	
Street Address 131 CEDAR AVE		Street Address	
City EAST GREENWICH	State RI	City	State
Zip 02818		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 VIRGINIA SCHMIDT PARKER, MD PRESIDENT			Date 07/24/2018
Signature of Officer/Authorized Representative <i>Virginia Schmidt Parker, MD</i>			

FILED

JUL 30 2018

BY 2672

FORM 631 - Revised: 11/2017