



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000028767

**2. Name of Corporation** THE PUBLIC ARCHAEOLOGY LABORATORY, INCORPORATED

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

712120

**4. Corporate Address in Rhode Island**

No. and Street: 26 MAIN STREET

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

CONDUCTING SCIENTIFIC RESEARCH ON THE HISTORY AND ARCHEOLOGY OF RI AND OTHER AREAS OF THE US

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	DEBORAH COX	26 MAIN STREET PAWTUCKET, RI 02860 USA
TREASURER	NICOLE CASTANET	1674B MINISTERIAL ROAD WAKEFIELD, RI 02879 USA
SECRETARY	RALPH MONTELLA	18 SYLVIA LANE LINCOLN, RI 02865 USA
CHAIRPERSON	MARTHA WERENFELS	107 SHAW AVENUE CRANSTON, RI 02905 USA
DIRECTOR	MARK VAN NOPPEN	80 DEXTER STREET PROVIDENCE, RI 02909 USA
DIRECTOR	KIM ZIEGELMAYER	215 JOHN MOWRY ROAD SMITHFIELD, RI 02917 USA
DIRECTOR	PETER ALLEN	44 ORIOLE AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	ANTHONY PIRES	26 ARLAND DRIVE PAWTUCKET, RI 02860 USA
DIRECTOR	KRIS BRADNER	150 CHESTNUT STREET PROVIDENCE, RI 02903 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CHARLES A. HAMBLY, JR. ESQ. 10 DORRANCE STREET, SUITE 400 PROVIDENCE , RI 02903

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

**Signed this 19 Day of February, 2019 at 11:17:00 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By DEBORAH C. COX  
Signature of Authorized Person

Form No. 631  
Revised 09/07