



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

FILED

Annual Report for the year: 2019
Non-Profit Corporation

MAR 19 2019

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

BY ALAS

1. Entity ID Number 000042990		2. Exact name of the Corporation Providence Marine Corps of Artillery Museum of RI			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Museum of Rhode island Military History.			
4. NAICS Code 712110					
6. Principal Office Address COL Richard P. Kanaczet (Ret), 46 Ashland Road			City North Scituate	State RI	Zip 02857
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BG Richard J. Valente (Ret)			Vice-President Name COL Joseph Rooney (Ret)		
Street Address 36 Barden Lane			Street Address 44 Beech Treet Pl		
City Warren	State RI	Zip 02885	City Wakefield	State RI	Zip 02879
Secretary Name MAJ David W. O'Mara			Treasurer Name COL Richard P. Kanaczet (Ret)		
Street Address 36 Concord Street			Street Address 46 Ashland Road		
City Providence	State RI	Zip 02904	City North Scituate	State RI	Zip 02857
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 CASA Theodore F. Low			Director Name CSM Patrick C. Curren		
Street Address 95 Blackstone Boulevard			Street Address 75 Mayflower Drive		
City Providence	State RI	Zip 02906	City Middletown	State RI	Zip 02842
Director Name MAJ Mark A. Rourgery (Ret)			Director Name		
Street Address 4 Molter Street # 2			Street Address		
City Cranston	State RI	Zip 02910	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Ricjard P. Kanczet, Treasurer					Date 3-14-2019
Signature of Officer/Authorized Representative <i>Richard P. Kanaczet</i>					SIGN DOCUMENT HERE

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