



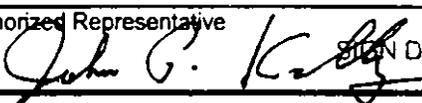
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS STAMP
 2019 APR 26 AM 11:09
STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 CORPORATION

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 28653		2. Exact name of the Corporation Charlestown Historical Society, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Historical Preservation			
4. NAICS Code 712110					
6. Principal Office Address 4417 Old Post Road		City Charlestown	State RI	Zip 02813	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Pamela Lyons			Vice-President Name Suzanne Ferrio		
Street Address 50 Town Dock Road			Street Address 37 Pietila Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Robin W. Quinn			Treasurer Name John P. Kelley		
Street Address 22 Woodcock Trail			Street Address 4380 Old Post Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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 Dan Alves			Director Name Alan Angelo		
Street Address 90 Grandbrook Circle Apt 1514			Street Address 39 Indian Trail		
City Wakefield	State RI	Zip 02879	City Charlestown	State RI	Zip 02813
Director Name Elizabeth Shea			Director Name		
Street Address 62 Klondike Road			Street Address		
City Charlestown	State RI	Zip 02913	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 John P. Kelley					Date 4/23/19
Signature of Officer/Authorized Representative 					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.ri.gov

FILED
 APR 26 2019 11:10
 HL 275WJS