RI SOS Filing Number: 201993788630 Date: 5/17/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2019

FILED

MAY 17 2019

\rightarrow	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 BY. Historic Wickford, Inc. 000059872 5. Brief description of the character of business conducted in Rhode Island 3. State of Incorporation Historic Wickford, Inc, is a non profit organization established to preserve, protect and Rhode Isalnd celebrate the cultural and historic features of Wickford and its environs 4. NAICS Code 813312 - Environment, Cd -6. Principal Office Address City State Zip P.O. Box 261 North Kingstown RI 02852 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Mike Donohue Vice-President Name Street Address 141 West Main Street Street Address State RI ^{City} North Kingstown Zip 02852 City State Zip Secretary Name Sheila Skiffington Treasurer Name Mary Ann Hackett Street Address 83 West Main Street Street Address 21 Gregory Ave State RI City North Kingstown Zip 02852 State RI ^{City} North Kingtown Zip 02852 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment Director Name Mike Dacey Director Name Cynthia Carpenter Street Address 89 West Main Street Street Address 20 Main Street State RI ^{Zip} 02852 State RI ^{City} North Kingstown City North Kingstown ^{Ζιρ} 02852 Director Name Mike Kraynak Director Name Tom Moakley Street Address 94 Main Street Street Address 15 Oakland Ave State RI State RI ^{City} North Kingstown ^{Ζφ} 02852 ^{City} North Kingtown Zip 02852 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 Mary Ann Hackett 5/14/19 Signature of Officer/Authorized Representative

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov