



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

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.

FILED**MAY 17 2019**

1. Entity ID Number 000059872		2. Exact name of the Corporation Historic Wickford, Inc.		BY <u>1044 DS</u>	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Historic Wickford, Inc. is a non profit organization established to preserve, protect and celebrate the cultural and historic features of Wickford and its environs			
4. NAICS Code 813312 - Environment, Co					
6. Principal Office Address P.O. Box 261		City North Kingstown	State RI	Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mike Donohue		Vice-President Name			
Street Address 141 West Main Street		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Sheila Skiffington		Treasurer Name Mary Ann Hackett			
Street Address 21 Gregory Ave		Street Address 83 West Main Street			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Mike Dacey		Director Name Cynthia Carpenter			
Street Address 89 West Main Street		Street Address 20 Main Street			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Mike Kraynak		Director Name Tom Moakley			
Street Address 94 Main Street		Street Address 15 Oakland Ave			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	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.					
<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 Mary Ann Hackett				Date 5/14/19	
Signature of Officer/Authorized Representative <i>Mary Ann Hackett</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019