



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.

1. Entity ID Number 000027905		2. Exact name of the Corporation GLOCESTER HERITAGE SOCIETY			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PRESERVATION OF DOCUMENTS, BUILDINGS, ETC TO EDUCATE AND PROTECT IN ORDER TO PRESERVE HERITAGE AND HISTORY			
4. NAICS Code 813110					
6. Principal Office Address 1181 PUTNAM PIKE		City GLOCESTER	State RI	Zip 02814	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARIE SWEET		Vice-President Name NONE ELECTED			
Street Address 746 CHESTNUT HILL RD		Street Address			
City CHEPACHET	State RI	Zip 02814	City	State	Zip
Secretary Name NONE ELECTED		Treasurer Name CHARLES WILSON			
Street Address		Street Address PO 496			
City	State	Zip	City CHEPACHET	State RI	Zip 02814
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 EDNA KENT		Director Name ANN LOWELL			
Street Address PO 308		Street Address 1181 PUTNAM PIKE			
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
Director Name ROLAND RIVET		Director Name			
Street Address 1181 PUTNAM PIKE		Street Address			
City CHEPACHET	State RI	Zip 02814	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative MARIE SWEET				Date 5-20-19	
Signature of Officer/Authorized Representative <i>Marie Sweet</i> <small>OFFICER/AUTHORIZED REPRESENTATIVE HERE</small>					

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

FORM 631 - Revised: 11/2017

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