



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

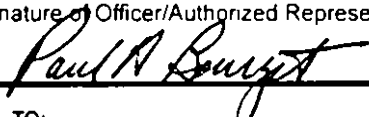
→ Penalty Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 10 2019

STAMP

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1. Entity ID Number 266203		2. Exact name of the Corporation Museum of Work & Culture Preservation Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To obtain Public and Private support to perpetuate the efforts of the Museum of Work & Culture.			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address 42 South main Street		City Woonsocket		State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Mr. Paul Bourget			Vice-President Name Mr. Daniel Gendron		
Street Address 365 Elm Street			Street Address 87 Arland Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Mrs. Renee Darling			Treasurer Name Mr. Timothy Draper		
Street Address 99 Cumberland Street			Street Address 1005 Douglas Pike		
City Woonsocket	State RI	Zip 02895	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment ☒					
Director Name Mr. Robert Billington			Director Name Mr. Roger Bouchard		
Street Address 175 Main Street			Street Address 341 Prospect Street		
City Pawtucket	State RI	Zip 02860	City Woonsocket	State RI	Zip 02895
Director Name Mr. Peter Conway			Director Name Ms. Patricia Jarvis		
Street Address 10 Nate Whipple Highway			Street Address 148 Warwick Street		
City Cumberland	State RI	Zip 02864	City Woonsocket	State RI	Zip 02895
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 Paul Bourget				Date June 10, 2019	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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Website: www.sos.n.gov

Museum of Work & Culture Foundation Board 2019 (con't) 266203

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