



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

FILED

Annual Report for the year: 2020

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.

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1. Entity ID Number <u>0000 26480</u>		2. Exact name of the Corporation <u>East Greenwich Historic Preservation Society, Inc -</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>The preservation of the heritage of East Greenwich, its history, its customs, its artifacts. 2 promotion through education of an interest in the preservation of this heritage. The preservation of historic buildings + sites of interest</u>	
4. NAICS Code <u>813312</u>			
6. Principal Office Address <u>110 King St</u>		City <u>East Greenwich</u>	State <u>RI</u> Zip <u>02818</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Virginia Schmidt Parker MD</u>		Vice-President Name <u>Jennifer Snellendrop, Esq</u>	
Street Address <u>94 Hedgerow Dr</u>		Street Address <u>55 Princess Pine Drive</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>East Greenwich</u>	State <u>RI</u> Zip <u>02818</u>
Secretary Name <u>Glenn De Paola</u>		Treasurer Name <u>Susan Curado</u>	
Street Address <u>26 Blueberry Drive</u>		Street Address <u>441 Cedar Ave</u>	
City <u>East Greenwich</u>	State <u>RI</u>	City <u>East Greenwich</u>	State <u>RI</u> Zip <u>02818</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Rachel Peirce</u>		Director Name <u>Karin Lukowicz</u>	
Street Address <u>122 Pleasant St</u>		Street Address <u>3154 South County Trail</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>East Greenwich</u>	State <u>RI</u> Zip <u>02818</u>
Director Name <u>Marlene Haglund Hatch</u>		Director Name	
Street Address <u>131 Cedar Ave</u>		Street Address	
City <u>East Greenwich</u>	State <u>RI</u>	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.			
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 <u>Virginia Schmidt Parker, MD</u>		Date <u>5/11/20</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>		DO NOT SIGN HERE	

MAIL TO:
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