



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

FILED

MAY 27 2025

BY

2849
H.D.

Annual Report for the year:

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 0000 26480		2. Exact name of the Corporation East Greenwich Historic Preservation Society, Inc -	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island 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	
4. NAICS Code 813312			
6. Principal Office Address 110 King St		City East Greenwich	State RI Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Virginia Schmidt Parker MD		Vice-President Name Jennifer Snellendrop, Esq	
Street Address 94 Hedgerow Dr		Street Address 55 Princess Pine Drive	
City Warwick	State RI Zip 02886	City East Greenwich	State RI Zip 02818
Secretary Name Oliver De Paola		Treasurer Name Susan Curado	
Street Address 26 Blueberry Drive		Street Address 441 Cedar Ave	
City East Greenwich	State RI Zip 02818	City East Greenwich	State RI Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Rachel Peirce		Director Name Karin Lukowicz	
Street Address 122 Pleasant St		Street Address 3154 South County Trail	
City North Kingstown	State RI Zip 02852	City East Greenwich	State RI Zip 02818
Director Name Marlene Haglund Hatch		Director Name	
Street Address 131 Cedar Ave		Street Address	
City East Greenwich	State RI Zip 02818	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 Virginia Schmidt Parker, MD		Date 5/11/20	
Signature of Officer/Authorized Representative <i>[Signature]</i>		DO NOT SIGN HERE	

MAIL TO:
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