



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

Annual Report for the year:
Non-Profit Corporation

2020

- 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 29 2020

1070

1. Entity ID Number 30707		2. Exact name of the Corporation The Scituate Preservation Society, Inc	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Preservation & Education of Historical Records & Artifacts within the town of Scituate	
4. NAICS Code 541920			
6. Principal Office Address 706 Hartford Pike (P.O. Box 551)		City Scituate	State RI
		Zip 02857	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name William Frederickson		Vice-President Name Kimberly Smith	
Street Address 73 Peepoat Rd		Street Address 714 Hartford Pike	
City Scituate	State RI	City Scituate	State RI
Zip 02857		Zip 02857	
Secretary Name Rebecca Dunning		Treasurer Name Fred Faria	
Street Address 349 Old Plainfield Pike		Street Address 282 Gleaner Chapel Rd	
City Foster	State RI	City Scituate	State RI
Zip 02825		Zip 02857	
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 William Frederickson		Director Name Fred Faria	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City Scituate	State RI	City Scituate	State RI
Zip 02857		Zip 02857	
Director Name Kimberly Smith		Director Name Rebecca Dunning	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City Scituate	State RI	City Scituate	State RI
Zip 02857		Zip 02857	
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 William Frederickson			Date 6/26/2020
Signature of Officer/Authorized Representative 			
SIGN DOCUMENT HERE			