

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

FILED

JUL 01 2020 *JS*

179

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.

1. Entity ID Number 000030183		2. Exact name of the Corporation Tiverton Historical Society			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Maintain historic museum and provide historical education			
4. NAICS Code 712110 - Museums					
6. Principal Office Address P.O. Box 95			City Tiverton	State RI	Zip 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Caroline Wordell			Vice-President Name Richard Angelini		
Street Address 42 William Sisson Road			Street Address 42 Highview Avenue		
City Little Compton	State RI	Zip 02837	City Somerset	State MA	Zip 02726
Secretary Name Amanda Manchester-Carr			Treasurer Name Alfred Silvia Jr		
Street Address 296 Long Highway			Street Address 127 Beacon Street		
City Little Compton	State RI	Zip 02837	City Newport	State RI	Zip 02840
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 Mary Jane Cobb			Director Name Sue Anderson		
Street Address 89 Lewis Street			Street Address 1137 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Doug Gray			Director Name		
Street Address 68 Bourne Avenue			Street Address		
City Tiverton	State RI	Zip 02878	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.					
<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 Amanda Manchester-Carr				Date June 20, 2020	
Signature of Officer/Authorized Representative <i>Amanda Manchester-Carr</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov