



FILED

Department of State - Business Services Division

JUL 08 2020

BY 322 ns

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 30947	2. Exact name of the Corporation Coventry Historical Society				
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island The Preservation of objects and buildings relating to the history of Coventry. Title 7-6				
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address 5800 Flat River Road		City Greene	State RI	Zip 02827	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Virginia Soucy		Vice-President Name Virginia Newton			
Street Address 3618 Flat River Road		Street Address 3592 Flat River Road			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Patricia Izbicki		Treasurer Name Mary Deary			
Street Address 5800 Flat River Road		Street Address 12 Cynthia Drive			
City Greene	State RI	Zip 02827	City Coventry	State RI	Zip 02816
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 Frederick Curtis		Director Name Faith Jacobson			
Street Address 5800 Flat River Road		Street Address 57 Knotty Oak Road			
City Greene	State RI	Zip 02827	City Coventry	State RI	Zip 02816
Director Name Carl J. Soucy		Director Name Steven Kenny			
Street Address 3631 Flat River Road		Street Address 71 Lennox Drive			
City Coventry	State RI	Zip 02816	City West Warwick	State RI	Zip 02893
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 Virginia Soucy <i>Virginia A. Soucy</i>				Date 6-30-2020 <i>6-31-2020</i>	
Signature of Officer/Authorized Representative <i>Virginia A. Soucy</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov