State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED
JUL 08 2020
130 02

1. Entity ID Number: 000029367	2. Exact name of the Corporation: South County Museum
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: History museum honoring RI rural, village and maritime heritage
4. NAICS Code: 712110 – Museums	

6. Principal Office Address	City	State	Zip
115 Strathmore St. PO Box 709	Narragansett	RI	02882

7. List ALL officers (names and addresses) — Check the box to indicate an attachment: ☐

President Name	Daryl Anne Anderson	Vice-President Name	Bernard Gould
Street Address	7 Jean Street	Street Address	50 Canonchet Way
City	Narragansett	City	Narragansett
State	RI	State	RI
Zip	02882	Zip	02882
Secretary Name	Diane Nobles	Treasurer Name	Lynn Wagner
Street Address	17 East Pond Road	Street Address	47 Ross Hill Road
City	Narragansett	City	Charlestown
State	RI	State	RI
Zip	02882	Zip	02813

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors — Check the box to indicate an attachment: ☑

Director Name	Brent Bostick	Director Name	Joshua Edenbaum
Street Address	650 Love Lane	Street Address	41 Marian Avenue
City	East Greenwich	City	Narragansett
State	RI	State	RI
Zip	02818	Zip	02882
Director Name	Susan Valenstein	Director Name	Stephen Wood
Street Address	13 Isle Point Road	Street Address	309 Holly Road
City	Narragansett	City	Wakefield
State	RI	State	RI
Zip	02882	Zip	02879

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	Date
Daryl Anne Anderson June 30, 2020	June 30, 2020

Signature of Officer/Authorized Representative

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

FORM 631 - Revised: 06/2019

South County Museum
PO Box 709, Narragansett, RI 02882 • 401.783.5400 • www.southcountymuseum.org

ATTACHMENT
ID # 000029367
Department of State – Business Services Division
Annual Report for the year 2020
Non-Profit Corporation

Item #7 Officers

2nd Vice President

Melissa Crawford
64 Lambert Street
Narragansett, RI 02882