RI SOS Filing Number: 202044478450



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 **Non-Profit Corporation**

JUI. 0 8 2620 N

Date: 7/8/2020 4:00:00 PM

\rightarrow	Filing	period:	June	1	- June	30
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→ Filing Fee. \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation									
75975	Babcock-Smith House Docents, Inc.									
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island									
RI	Education, tours and fundraising to support historic house museum									
. NAICS Code										
712110 – Museums	1									
6. Principal Office Address	<u> </u>	-	City	State	Zip					
124 Granite Street	•	•	Westerly	RI	02891					
7. List ALL officers (names and add	resses)		Ch	eck the box to indicate	an attachment					
President Name Edward Fazio			Vice-President Name Billy Ann Hutchins							
Street Address 4 Solar Drive			Street Address 23B Turano Avenue							
City Westerly	State RI	^{Zip} 02891	^{City} Westerly	State RI	^{Zip} 02891					
Secretary Name Margaret Barclay	1		Treasurer Name Janice Tunney							
Street Address 28 Captains Drive			Street Address 25 Elm Street							
City Westerly	State RI	^{Zip} 02891	^{City} Westerly	State RI	^{Zip} 02891					
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment										
Director Name Jean Aiello			Oirector Name Ryan Bridgham							
Street Address 79 Church Street			Street Address 39 Tanglewood Lane							
City Bradford	State RI	^{Zip} 02808	City Voluntown	State CT	^{Zip} 06384					
Director Name Mary Keniston			Director Name John Leach Jr.							
Street Address 32 Captains Drive	!		Street Address 19 Westminster Street							
City Westerly	State RI	^{Zip} 02891	^{City} Westerly	State RI	^{Zip} 02891					
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 Repres	Date									
Janice Tunney, Treasurer	6/30/20									
Signature of Office Authorized Representative 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