



FILED

JUN 14 2021

BY 1104 DS

Annual Report for the year: **2021**

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 000034129		2. Exact name of the Corporation Prudence Island Historical and Preservation Society, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Domestic non-profit historical society to collect and preserve memorabilia pertaining to life on Prudence Island, RI.			
4. NAICS Code 712110 - Museums					
6. Principal Office Address 0370 Narragansett Ave PO Box 193		City Prudence Island	State RI	Zip 02872	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Buckley			Vice-President Name Paul Collette		
Street Address 24 Southwick Dr			Street Address 0842 Narragansett Ave PO Box 307		
City Lincoln	State RI	Zip 023865	City Prudence Island	State RI	Zip 02872
Secretary Name Donna Bains			Treasurer Name Richard Buckley		
Street Address 061 Fairview Ave. PO Box 231			Street Address 24 Southwick Dr.		
City Prudence Island	State RI	Zip 02872	City Lincoln	State RI	Zip 02865
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 Steve Williams			Director Name Sharon Homan		
Street Address 109 Winward Ln			Street Address 068 John Oldham Rd PO Box 45		
City Bristol	State RI	Zip 02809	City Prudence Island	State RI	Zip 02872
Director Name Herbert Fuller			Director Name		
Street Address 54 Preston Rd			Street Address		
City Somerville	State MA	Zip 02143	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Richard Buckley				Date June 9, 2021	
Signature of Officer/Authorized Representative <i>Richard Buckley</i>					

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