State of Rhode Island
Department of State - Business Services Division

FILED
JUN 16 2021
STAMP
BY 2050

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	2. Exact name of the Corporation
000057211	West Greenwich Historical Preservation Soc.
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: compile pictures of W.G. to add to our collection, education & history of our town, help with historical questions residents have
4. NAICS Code: 81331 2	

6. Principal Office Address	City	State	Zip
67 Fry Pond Rd.	W. Greenwich	RI	02817

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

President Name	Vice-President Name
Charlotte B. Jolls	Roberta Baker
Street Address: 67 Fry Pond Rd.	Street Address: 320 Sharpe St.
City: W.G. State: R.I Zip: 02817	City: W. G. State: R.I Zip: 02817
Secretary Name	**Treasurer Name**
Ann Harrington	Charlotte B. Jolls
Street Address: Victory Highway	Street Address: 67 Frey Pond Rd.
City: W.G. State: RI Zip: 02817	City: W. G. State: R.I Zip: 02817

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

Director Name	Director Name
Charlotte B. Jolls	Roberta Baker
Street Address: see above	Street Address: see above
City / State / Zip	City / State / Zip
Director Name: Ann Harrington	Director Name
Street Address: see above	Street Address
City / State / Zip	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.

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
Charlotte B. Jolls Charlotte B. Jolls	6/15/21

Signature of Officer/Authorized Representative: Charlotte B Jolls

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