State of Rhode Island
Department of State - Business Services Division

FILED
JUN 23 2021
BY 190193

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
75410	PSNC Holdings, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: for the exclusive purpose of holding title to property, collecting any income therefrom and turning over entire amount less expenses to The Preservation Society of Newport County
4. NAICS Code: 813319 - Other Social Advocacy	

6. Principal Office Address	City	State	Zip
424 Bellevue Avenue	Newport	RI	02840

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

President Name: William F. Lucey III			Vice-President Name: Janet Robinson		
Street Address: c/o 424 Bellevue Avenue			Street Address: c/o 424 Bellevue Avenue		
City: Newport	State: RI	Zip: 02840	City: Newport	State: RI	Zip: 02840
Secretary Name: William N. Wood Prince			Treasurer Name: Peter W. Harris		
Street Address: c/o 424 Bellevue Avenue			Street Address: c/o 424 Bellevue Avenue		
City: Newport	State: RI	Zip: 02840	City: Newport	State: RI	Zip: 02840

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

Director Name: William P. Egan			Director Name: William F. Lucey III		
Street Address: c/o 424 Bellevue Avenue			Street Address: c/o 424 Bellevue Avenue		
City: Newport	State: RI	Zip: 02840	City: Newport	State: RI	Zip: 02840
Director Name: Peter W. Harris			Director Name: William N. Wood Prince		
Street Address: c/o 424 Bellevue Avenue			Street Address: c/o 424 Bellevue Avenue		
City: Newport	State: RI	Zip: 02840	City: Newport	State: RI	Zip: 02840

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
William F. Lucey III, President	6-24-2021

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: 08/2020

PSNC Holdings, Inc
Corporate ID No. 75410

Additional Directors: 2021

Janet L. Robinson
c/o 424 Bellevue Ave
Newport, RI 02840