



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2021**  
Non-Profit Corporation

JUN 28 2021  
cy. 1190

- 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 <b>000028812</b>		2. Exact name of the Corporation <b>Peace Dale Museum of Art and Culture</b>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Museum of historical artifacts			
4. NAICS Code 712110					
6. Principal Office Address 1058 Kingstown Road, Suite 5		City Peace Dale	State RI	Zip 02879	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Lisa Fiore			Vice-President Name Mary Brown		
Street Address 74 Kettle Pond Drive			Street Address 568 Post Road		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name Linda Hennessey			Treasurer Name Elizabeth Cook		
Street Address 17 Eagle Nest Terrace			Street Address 62 Starlight Drive		
City Peace Dale	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Sarah Tumbaugh			Director Name Karen Ellsworth		
Street Address 17 Normandy Road			Street Address 180 Matunuck Schoolhouse Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Margaret Leeson			Director Name Timothy Philbrick		
Street Address 259A Ministerial Road			Street Address 681 Main Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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				Date	
Lisa Fiore				6/29/2021	
Signature of Officer/Authorized Representative-					

MAIL TO:  
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