RI SOS Filing Number: 202198829630 Date: 6/28/2021 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

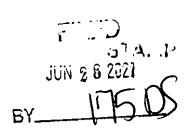
## Annual Report for the year: **Non-Profit Corporation**

2021

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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



	12 -				
1. Entity ID Number	2. Exact name of the Corporation				
000027990	Burrillville Historical and Preservation Society				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Historical preservation				
4. NAICS Code	1				
813410					
6. Principal Office Address			City	State	Zip
16 Laurel Hill Avenue, PO Box 93			Pascoag	RI	02859
7. List ALL officers (names and addresses)  Check the box to indicate an attact					cate an attachment
President Name Betty Mencucci			Vice-President Name Denice Mitchell		
Street Address 1777 Victory Highway			Street Address 41 Merrimac Road		
<sup>City</sup> Glendale	State RI	Zip 02826	City North Smithfield	State RI	<sup>Zip</sup> 02896
Secretary Name Rose Shaw			Treasurer Name Kerry Hopkins		
Street Address 725 Wallum Lake Road			Street Address 200 Pheasant Drive		
City Pascoag	State RI	Zip 02859	City Mapleville	State RI	<sup>Zip</sup> 02839
8. List ALL directors (names and a	ddresses). RI Corp	porations MUST!	ist at least THREE directors.	<u> </u>	
			Check the box to indicate an attachment L		
Director Name Nancy Greene			Director Name Carlos Mencucci		
Street Address 13 West Street, Apt 201			Street Address 1777 Victory Highway		
<sup>City</sup> Douglas	State MA	<sup>Zip</sup> 01516	<sup>City</sup> Glendale	State RI	<sup>Zip</sup> 02826
Director Name John Shaw			Director Name		
Street Address 725 Wallum Lake Road			Street Address		
City Pascoag	State RI	<sup>Zip</sup> 02859	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 Pre				esentative, Receiver or Tru	rstee.
Name of Officer/Authorized Representative				Date	
Kerry Hopkins				06/22/2021	
Signature of Officer/Authorized Rep	presentative				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov