State of Rhode Island
Department of State - Business Services Division

FILED
STATE
JUN 28 2021
BY 1705

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
000027990	**Burrillville Historical and Preservation Society**
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Historical preservation
4. NAICS Code: 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 attachment ☐

President Name: Betty Mencucci			Vice-President Name: Denice Mitchell		
Street Address: 1777 Victory Highway			Street Address: 41 Merrimac Road		
City: Glendale	State: RI	Zip: 02826	City: North Smithfield	State: RI	Zip: 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	Zip: 02839

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

Director Name: Nancy Greene			Director Name: Carlos Mencucci		
Street Address: 13 West Street, Apt 201			Street Address: 1777 Victory Highway		
City: Douglas	State: MA	Zip: 01516	City: Glendale	State: RI	Zip: 02826
Director Name: John Shaw			Director Name:		
Street Address: 725 Wallum Lake Road			Street Address:		
City: Pascoag	State: RI	Zip: 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 President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Kerry Hopkins	06/22/2021

Signature of Officer/Authorized Representative
Kerry Hopkins

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