



State of Rhode Island

Department of State - Business Services Division

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.

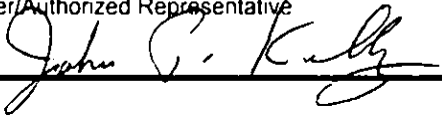
FILED

STAMP

JUL 02 2021

BY

3114

1. Entity ID Number 28653		2. Exact name of the Corporation Charlestown Historical Society, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Historical Preservation			
4. NAICS Code 712110					
6. Principal Office Address 4417 Old Post Road			City Charlestown	State RI	Zip 02813
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Pamela Lyons			Vice-President Name Alan Angelo		
Street Address 50 Town Dock Road			Street Address 39 Indian Trail		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Sheila Whalen			Treasurer Name John P. Kelley		
Street Address 486 Carolina Back Road			Street Address 4380 Old Post Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment ☐
Director Name Dan Alves			Director Name Paula Anderson		
Street Address 90 Grandbrook Circle Apt 1514			Street Address 79 Genwood Drive		
City Wakefield	State RI	Zip 02879	City Charlestown	State RI	Zip 02813
Director Name Elizabeth Shea			Director Name		
Street Address 62 Klondike Road			Street Address		
City Charlestown	State RI	Zip 02813	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.					
<i>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative John P. Kelley				Date 6/28/21	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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