RI SOS Filing Number: 202198989730 Date: 7/2/2021 4:00:00 PM

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

JUL 02 2021
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1 Entity ID Number	2 Exact name of the Corporation
000029367	South County Museum
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Museum
4. NAICS Code: 712110	

6. Principal Office Address	City	State	Zip
115 Strathmore Street	Narragansett	RI	02882

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

President Name: Lynn Wagner			Vice-President Name: Bernie Gould		
Street Address: 47 Ross Hill Rd			Street Address: 50 Canonchet Way		
City: Charlestown	State: RI	Zip: 02813	City: Narragansett	State: RI	Zip: 02882
Secretary Name: Diane S. Nobles			Treasurer Name: Gary B Bostick		
Street Address: 17 East Pond Road			Street Address: 650 Love Lane		
City: Narragansett	State: RI	Zip: 02882	City: East Greenwich	State: RI	Zip: 02818

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

Director Name: Melissa Crawford			Director Name: Diane Nobles		
Street Address: 64 Lambert Street			Street Address: 17 East Pond Road		
City: Narragansett	State: RI	Zip: 02882	City: Narragansett	State: RI	Zip: 02882
Director Name: Josh Edenbaum			Director Name: Susan Valenstein		
Street Address: 41 Mansion Ave			Street Address: 13 Isle Point Road		
City: Narragansett	State: RI	Zip: 02882	City: Narragansett	State: RI	Zip: 02882

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
Lynn Wagner	06/29/2021

Signature of Officer/Authorized Representative
Lynn Wagner

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