



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 000029367

2. Name of Corporation SOUTH COUNTY MUSEUM

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 115 STRATHMORE STREET

City or Town: NARRAGANSETT

State: RI Zip: 02882-0709

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

RURAL RHODE ISLAND HISTORY MUSEUM

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LYNN WAGNER	47 ROSS HILL ROAD CHARLESTOWN, RI 02813 USA
TREASURER	BRENT BOSTICK	650 LOVE LANE

		EAST GREENWICH, RI 02818 USA
SECRETARY	DIANE NOBLES	17 EAST POND RD NARRAGANSETT, RI 02882 USA
VICE PRESIDENT	BERNARD GOULD	50 CANONCHET WAY NARRAGANSETT, RI 02882 USA
DIRECTOR	MELISSA CRAWFORD	64 LAMBERT STREET NARRAGANSETT, RI 02882 USA
DIRECTOR	SUSAN VALENSTEIN	13 ISLE POINT RD NARRAGANSETT, RI 02882 USA
DIRECTOR	RAZ CUNNINGHAM	450 BOSTON NECK RD NORTH KINGSTOWN, RI 02852 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DARYLA ANDERSON 115 STRATHMORE STREET PO BOX 709 NARRAGANSETT , RI 02882

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 9 Day of February, 2022 at 12:45:38 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By LYNN WAGNER
Signature of Authorized Person

Form No. 631
Revised 09/07

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