



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
STAMP
APR 25 2022
BY

1. Entity ID Number 000042990		2. Exact name of the Corporation Providence Marine Corps of Artillery Museum of RI Military History, I			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Museum of Rhode Island Military History.			
4. NAICS Code 813990 - Other Similar Organi.					
6. Principal Office Address 176 Benefit Street			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BG Joseph N. Waller (Ret)			Vice-President Name COL Joseph Rooney (Ret)		
Street Address 202 Winchester Drive			Street Address 44 Beach Tree Pl		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name			Treasurer Name COL Richard P. Kanaczet (Ret)		
Street Address			Street Address 46 Ashland Road		
City	State	Zip	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LTC David Lemont			Director Name CSM Patrick C. Curren		
Street Address 45 New Road			Street Address 75 Mayflower Drive		
City Exeter	State RI	Zip 02822	City Middletown	State RI	Zip 02842
Director Name COL Joseph B. Merrill			Director Name COL Raymond E. Gallucci, Jr.		
Street Address 86 Kevins Way			Street Address 131 Varnum Drive		
City South Easton	State MA	Zip 02375	City East Greenwich	State RI	Zip 02818
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 COL Richard P. Kanaczet (Ret), Treasurer				Date 4-21-2022	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov