



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
 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

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 BUS SVCS DIV.

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1. Entity ID Number <b>000042990</b>		2. Exact name of the Corporation <b>Providence Marine Corps of Artillery Museum of RI Military History, I</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Museum of Rhode Island Military History</b>	
4. NAICS Code 813990 - Other Similar Organiza			
6. Principal Office Address <b>176 Benefit Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>BG Joseph N. Waller (Ret)</b>		Vice-President Name <b>COL Joseph Rooney (Ret)</b>	
Street Address <b>202 Winchester Drive</b>		Street Address <b>44 Beach Tree Pl</b>	
City <b>Wakefield</b>	State <b>RI</b>	City <b>Wakefield</b>	State <b>RI</b>
Zip <b>02879</b>		Zip <b>02879</b>	
Secretary Name		Treasurer Name <b>LTC John M. Constantino (Ret)</b>	
Street Address		Street Address <b>241 Hilltop Road</b>	
City	State	City <b>Cumberland</b>	State <b>RI</b>
Zip		Zip <b>02864</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>LTC David Lemont</b>		Director Name <b>CSM Patrick C. curren</b>	
Street Address <b>45 New Road</b>		Street Address <b>75 Mayflower Drive</b>	
City <b>Exeter</b>	State <b>RI</b>	City <b>Middletown</b>	State <b>RI</b>
Zip <b>02822</b>		Zip <b>02842</b>	
Director Name <b>COL Joseph B. Merrill</b>		Director Name <b>COL Raymond E. Gallucci, Jr.</b>	
Street Address <b>86 Kevins Way</b>		Street Address <b>131 Varnum Drive</b>	
City <b>South Easton</b>	State <b>MA</b>	City <b>East Greenwich</b>	State <b>RI</b>
Zip <b>02375</b>		Zip <b>02818</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>LTC John M. Constantino (Ret), Treasurer</b>			Date <b>2/2/2023</b>
Signature of Officer/Authorized Representative 			

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

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BY

JH SXS