



State of Rhode Island

Department of State - Business Services Division

FILED

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.

FEB 15 2023

BY 2293

PS

1. Entity ID Number 75975		2. Exact name of the Corporation Babcock-Smith House Docents, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Education, tours and fundraising to support historic house museum			
4. NAICS Code 712110					
6. Principal Office Address 124 Granite Street			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward Fazio			Vice-President Name Mary Keniston		
Street Address 4 Solar Drive			Street Address 32 Captains Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Margaret Barclay			Treasurer Name Janice Tunney		
Street Address 28 Captains Drive			Street Address 25 Elm Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Carol Fazio			Director Name Susan Hayes		
Street Address 4 Solar Drive			Street Address 82 East Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Billy Ann Hutchins			Director Name Anthony Gallup Smith		
Street Address 23B Turano Avenue			Street Address 3 Longvue Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Janice Tunney, Treasurer				Date 02/13/23	
Signature of Officer/Authorized Representative 					

MAIL TO:
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