



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:

2023

Amended

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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RI DEPT OF STATE  
BUS SVCS DIV

2023 FEB 27 P 3:03

1. Entity ID Number 27905		2. Exact name of the Corporation GLOCESTER HERITAGE SOCIETY			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island preserve historic buildings & educate about heritage.			
4. NAICS Code 813319					
6. Principal Office Address 1181 PUTNAM PIKE		City CHESAUGHT		State RI	Zip 02814
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 KAREN LAMBE			Director Name CHRISTINE SEDEBACH		
Street Address 1181 PUTNAM PIKE			Street Address 1181 PUTNAM PIKE		
City CHESAUGHT	State RI	Zip 02814	City CHESAUGHT	State RI	Zip 02814
Director Name CHRISTOPHER KOWAL			Director Name		
Street Address 1181 PUTNAM PIKE			Street Address		
City CHESAUGHT	State RI	Zip 02814	City	State	Zip
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 MARIE SWEET				Date 2-23-23	
Signature of Officer/Authorized Representative Marie Sweet				FILED	

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

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BY

FORM 631 - Revised: 2/2023

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