



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.

FILED
 MAR 08 2023
 BY ade ds

1. Entity ID Number 000027990		2. Exact name of the Corporation Burrillville Historical & Preservation Society			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Historical Preservation			
4. NAICS Code 813410					
6. Principal Office Address 16 Laurel Hill Avenue, PO Box 93			City Pascoag	State RI	Zip 02859
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Betty Mencucci		Vice-President Name Denice Mitchell			
Street Address 1777 Victory Highway		Street Address 41 Merrimac Road			
City Glendale	State RI	Zip 02826	City North Smithfield	State RI	Zip 02896
Secretary Name Rose Shaw		Treasurer Name Kerry Hopkins			
Street Address 725 Wallum Lake Road		Street Address 200 Pheasant Drive			
City Pascoag	State RI	Zip 02859	City Mapleville	State RI	Zip 02839
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 Nancy Green		Director Name Ben Ryan			
Street Address 13 West Street, Apt 201		Street Address 544 Victory Highway			
City Douglas	State MA	Zip 01516	City Mapleville	State RI	Zip 02839
Director Name Carlo Mencucci		Director Name			
Street Address 1777 Victory Highway		Street Address			
City Glendale	State RI	Zip 02826	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <u>Kerry Hopkins</u>				Date 3/5/23	
Signature of Officer/Authorized Representative <u>Kerry Hopkins</u>					