

**FILED**



State of Rhode Island  
**Department of State - Business Services Division**

MAR 20 2023  
 BY [Signature]  
[Signature]

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.

1. Entity ID Number <u>000057211</u>		2. Exact name of the Corporation <u>West Greenwich Historical Preservation Soc</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>continue keeping + expanding collection of historical pictures and records of town of W.G. for educational use and for individuals ability to have access to use + enjoy</u>	
4. NAICS Code <u>813312</u>			
6. Principal Office Address <u>67 Fry Pond Rd</u>		City <u>W.G.</u>	State <u>R.I.</u>
		Zip <u>02817</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Charlotte B. Joll</u>		Vice-President Name <u>Annie Harrington</u>	
Street Address <u>67 Fry Pond Rd</u>		Street Address <u>340 Victory Highway</u>	
City <u>W.G.</u>	State <u>R.I.</u>	City <u>W.G.</u>	State <u>R.I.</u>
Zip <u>02817</u>		Zip <u>02817</u>	
Secretary Name <u>Roberta Baker</u>		Treasurer Name <u>Charlotte B Jolls</u>	
Street Address <u>320 Sharpe St</u>		Street Address <u>same as to left</u>	
City <u>W.G.</u>	State <u>R.I.</u>	City	State
Zip <u>02817</u>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Charlotte B. Jolls</u>		Director Name <u>Annie Harrington</u>	
Street Address <u>same as above</u>		Street Address <u>same as above</u>	
City	State	City	State
Zip		Zip	
Director Name <u>Roberta Baker</u>		Director Name	
Street Address <u>same as above</u>		Street Address	
City	State	City	State
Zip		Zip	
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 <u>Charlotte B. Joll</u>			Date <u>3-12/23</u>
Signature of Officer/Authorized Representative <u>Charlotte B. Joll</u>			

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov