



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 20 2023

BY

Annual Report for the year:

Non-Profit Corporation

2023

→ 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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1. Entity ID Number 000057211		2. Exact name of the Corporation West Greenwich Historical Preservation Soc	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island 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	
4. NAICS Code 813312			
6. Principal Office Address 67 Fry Pond Rd		City W.G.	State R.I. Zip 02817
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Charlotte B. Jolt		Vice-President Name Annie Harrington	
Street Address 67 Fry Pond Rd		Street Address 340 Victory Highway	
City W.G.	State R.I.	City W.G.	State R.I.
Zip 02817		Zip 02817	
Secretary Name Roberta Baker		Treasurer Name Charlotte B. Jolls	
Street Address 320 Sharpe St		Street Address same as to left	
City W.G.	State R.I.	City	State
Zip 02817		Zip	
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 Charlotte B. Jolls		Director Name Annie Harrington	
Street Address same as above		Street Address same as above	
City	State	City	State
Zip		Zip	
Director Name Roberta Baker		Director Name	
Street Address same as above		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.			
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 Charlotte B. Jolt		Date 3-12/23	
Signature of Officer/Authorized Representative Charlotte B. Jolt			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021