



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.

APR 20 2023

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1. Entity ID Number <b>000026562</b>		2. Exact name of the Corporation <b>The East Providence Historical Society</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Historical Society</b>			
4. NAICS Code <b>813920</b>					
6. Principal Office Address <b>P.O. Box 4774</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jeffrey &amp; Cheryl Faria</b>			Vice-President Name <b>Deborah Ormerod</b>		
Street Address <b>89 Read Street</b>			Street Address <b>P. O. Box 16473</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
Secretary Name <b>Eric Underhill</b>			Treasurer Name <b>Dorothy Thornley</b>		
Street Address <b>16 Beaumont Street</b>			Street Address <b>57 Drowne Parkway</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
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 <b>Nancy Moore</b>			Director Name <b>Pat Henry</b>		
Street Address <b>14 Josephine Avenue</b>			Street Address <b>80 North Broadway</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
Director Name <b>Miriam Kenney</b>			Director Name		
Street Address <b>20 Elmsgate Way</b>			Street Address		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City	State	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 <b>Dorothy Thornley</b>				Date <b>4/18/23</b>	
Signature of Officer/Authorized Representative <i>Dorothy J. Thornley</i>					