



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

APR 20 2023 *sv*
 1802

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

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