	State of Office of the				Fee: \$20.00
	Division Of	Business	Services		
	148 W	. River St	reet		
	Providence				
1636	(401)) 222-304	40		
Non-Profit Corporation					
Annual Report					
Filing Period: February 1 - May					
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.					
ANNUAL REPORT YEAR - EN	FER THE <u>CURRENT</u>	FILING Y	EAR 2023	<u>2023</u>	
1. Corporate ID No. 00011	.0529				
2. Name of Corporation Rhode Island Labor History Society					
3. State of Incorporation					
State: <u>RI</u>					
	ARTI	ICLE III			
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engag d on the chosen sele	ges. The b ection. If t	oox to the rig he NAICS Co	ht of the drop ode is known,	down will
NAICS Code					
<u>813319</u>					
4. Principal Office Address					
No. and Street: PO BO	OX 962				
		ate: <u>RI</u>	Zip: <u>0290</u>	<u>1</u> Count	ry: <u>USA</u>
5. Brief Description of the Character of the Affairs Conducted in Rhode Island					
THE PRESERVATION OF WORKING CLASS AND IMMIGRANT MATERIALS AND THE					
POPULAR DISSEMINATION OF THAT HISTORY.					
6. Names and Addresses of t	he Officers and Dir	rectors:			
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.					
Title	Individual Na	me		Address	
l ´					'

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES PARISI	19 BIRCHTREE DRIVE JOHNSTON, RI 02919 USA
TREASURER	NADINE GREIG	3 RICHARD ST APT 208 CRANSTON , RI 02910 USA
SECRETARY	MICHAEL D'AMICO	25 GRANITE ST. JOHNSTON, RI 02919 USA
VICE PRESIDENT	PATRICK CROWLEY	12 WAGON WHEEL LANE LINCOLN, RI 02865 USA
DIRECTOR	DANIELLE DIROCCO	27 TERN ROAD NARRAGANSETT , RI 02882 USA
DIRECTOR	CATHERINE COLLETTE	5539 POST ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	ROB HILL	32 HORNET RD NORTH KINGSTON, RI 02859 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SCOTT MOLLOY HART HOUSE, URI 34 UPPER COLLEGE ROAD KINGSTON , RI 02881

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 3 Day of May, 2023 at 10:20:57 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>NADINE GREIG</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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