



State of Rhode Island
Department of State - Business Services Division

FILED

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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 29471		2. Exact name of the Corporation Pawtuxet Valley Preservation and Historical Society	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Historical society housing archives, a small museum of artifacts and documents, a room of reference material, all pertaining to the history and culture of the Pawtuxet Valley; and a Community Room for events of	
4. NAICS Code 712110 - Museums			
6. Principal Office Address 1679 Main Street		City West Warwick	State RI Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Charles M. Vacca		Vice-President Name Royal J. Pacheco	
Street Address 124 Fairway Drive		Street Address 10 Westley Street	
City Coventry	State RI	City West Warwick	State RI Zip 02893
Secretary Name Frank Ford		Treasurer Name Cecilia A. St.Jean/Gerard Tellier, Jr.	
Street Address 88 Clyde Street		Street Address 31 Perkins St./ 136 Burlingame Road	
City West Warwick	State RI	City West Warwick	State RI Zip 02893
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Suzanne D. DeStefano		Director Name Janice Martin	
Street Address 19 Hickory Road		Street Address 32 Bouchard Street	
City Coventry	State RI	City West Warwick	State RI Zip 02893
Director Name Louis Maynard		Director Name Patricia A. Lee	
Street Address 12 East Gate Drive		Street Address 34 West Street	
City Coventry	State RI	City West Warwick	State RI Zip 02893
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 Cecilia A. St. Jean, Co-Treasurer			Date 06/29/2023
Signature of Officer/Authorized Representative 			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov