State of Rhode Island
Department of State - Business Services Division

RECD 2023 NOV 27 P 1:44:25

Annual Report for the year: 2023 Revised
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	2. Exact name of the Corporation
29471	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, documents and reference material, all pertaining to the history and culture of the Pawtuxet Valley.
4. NAICS Code: 712110 - Museums	

6. Principal Office Address	City	State	Zip
1679 Main Street	West Warwick	RI	02893

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Charles M. Vacca, Jr.			Vice-President Name: Gerard Tellier, Jr.		
Street Address: 124 Fairway Drive			Street Address: 136 Burlingame Road		
City: Coventry	State: RI	Zip: 02816	City: West Warwick	State: RI	Zip: 02893
Secretary Name: Lucille M. Girard			Treasurer Name: Robert Chorney/Cecilia A. St. Jean CO Treasr		
Street Address: 44 Harris Avenue			Street Address: 650 E.Gwch.Ave./31 Perkins St		
City: West Warwick	State: RI	Zip: 02893	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 DeStefano			Director Name: Janice Martin		
Street Address: 19 Hickory Road			Street Address: 32 Bouchard Street		
City: Coventry	State: RI	Zip:	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	Zip: 02816	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	Date
Cecilia A. St. Jean, Co-Treasurer	**11/27/2023**

Signature of Officer/Authorized Representative: Cecilia A. St. Jean

FILED
NOV 29 2023
BY A.A. 1:44 pm.

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: 04/2023