



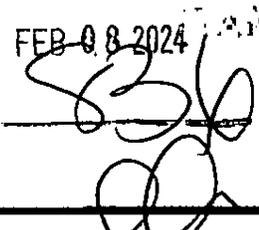
State of Rhode Island
Department of State - Business Services Division

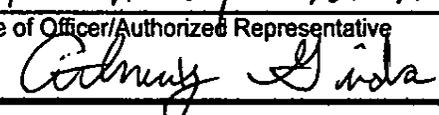
FILED

FEB 08 2024

Annual Report for the year: 2024
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.

BY 

1. Entity ID Number 000052906		2. Exact name of the Corporation WARREN PRESERVATION SOCIETY	
3. State of incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island TO PRESERVE THE HISTORIC INTEGRITY + CULTURAL RESOURCES + TO EDUCATE THE PUBLIC ABOUT THE HISTORIC AREA	
4. NAICS Code 813311			
6. Principal Office Address P.O. Box 624		City WARREN	State RI
		Zip 02885	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name EILEEN COLLINS		Vice-President Name SARAH WEED	
Street Address 26 STATE STREET		Street Address 23 BRIDGE ST.	
City WARREN	State RI	City WARREN	State RI
Zip 02885		Zip 02885	
Secretary Name LAURIE SERVANT		Treasurer Name ANTHONY GUIDA	
Street Address 264 WATER ST.		Street Address 165 WATER ST.	
City WARREN	State RI	City WARREN	State RI
Zip 02885		Zip 02885	
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 LINDA MEGATHLIN		Director Name JOAN COLTRAIN	
Street Address 42 MARKET ST.		Street Address 1 STONEGATE ROAD	
City WARREN	State RI	City WARREN	State RI
Zip 02885		Zip 02885	
Director Name ANTHONY GUIDA		Director Name LINDA MEGATHLIN	
Street Address 165 WATER ST.		Street Address 42 MARKET ST	
City WARREN	State RI	City WARREN	State RI
Zip 02885		Zip 02885	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative ANTHONY GUIDA / TREASURER			Date 2-2-2024
Signature of Officer/Authorized Representative 			

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