



State of Rhode Island
Department of State - Business Services Division

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.

FILED

FEB 20 2024

BY *LL* 3200

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, small museum, reference room, and a Community Room, with a mission to preserve the history and culture of the Pawtuxet Valley.
4. NAICS Code 712110 - Museums	

6. Principal Office Address 1679 Main Street	City West Warwick	State RI	Zip 02893
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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.
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Street Address 124 Fairway Drive	Street Address 136 Burlingame Road
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City Coventry	State RI	Zip 02816	City West Warwick	State RI	Zip 02893
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Secretary Name Lucille Girard	Treasurer Name Cecilia A. St. Jean/Robert Chorney
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Street Address 44 Harris Avenue	Street Address 31 Perkins St./650 E.Gwch.Ave., Bld.6
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City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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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
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Street Address 19 Hickory Road	Street Address 32 Bouchard Street
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City Coventry	State RI	Zip 02816	City West Warwick	State RI	Zip 02893
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Director Name Louis Maynard	Director Name Patricia A. Lee
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Street Address 12 East Gate Drive	Street Address 34 West Street
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City Coventry	State RI	Zip 02816	City West Warwick	State RI	Zip 02893
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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	Date 02/17/2024
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Signature of Officer/Authorized Representative
Cecilia A. St. Jean

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov