



**State of Rhode Island
Department of State - Business Services Division**

FILED
MAR 12 2024
BY *[Signature]* 1199

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.

1. Entity ID Number 00034129		2. Exact name of the Corporation Prudence Island Historical and Preservation Society, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Domestic non-profit historical society to collect and preserve memorabilia pertaining to life on Prudence, RI			
4. NAICS Code 712110					
6. Principal Office Address 0370 Narragansett Ave PO Box 193			City Prudence Island	State RI	Zip 02872
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Buckley			Vice-President Name Paul Collette		
Street Address 24 Southwick Dr.			Street Address 0842 Narragansett Ave. PO Box 307		
City Lincoln	State RI	Zip 02865	City Prudence Island	State RI	Zip 02872
Secretary Name Donna Baines			Treasurer Name Richard Buckley		
Street Address 0161 Fairview Ave. PO Box 231			Street Address 24 Southwick Dr.		
City Prudence Island	State RI	Zip 02872	City Lincoln	State RI	Zip 02865
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 Steve Williams			Director Name Priscilla Gill		
Street Address 109 Winward RD			Street Address 0155 Narragansett Ave. PO Box 36		
City Bristol	State RI	Zip 02809	City Prudence Island	State RI	Zip 02872
Director Name Herbert Fuller			Director Name Joyce Lower		
Street Address 547 Preston RD			Street Address 801 N Ocean Blvd #3		
City Somerville	State MA	Zip 02143	City Delray Beach	State FL	Zip 33483
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Richard Buckley				Date 3/7/2024	
Signature of Officer/Authorized Representative <i>Richard Buckley</i>					

MAIL TO:
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