		of Rhode Isla he Secretary		Fee: \$20.00
	Division	Of Business Se	rvices	
	148	W. River Stree	t	
	Provide	ence RI 02904-2	2615	
1636	(4	401) 222-3040		
Foreign Non-Profit				
Annual Report				
Filing Period: February 1 - Ma	ay 1			
In accordance with R.I.G.L. 7 annual report within the time penalty fee of \$25.00.				s
ANNUAL REPORT YEAR - E	NTER THE CURRE	ENT YEAR 202 4	1 : <u>2024</u>	
1. Corporate ID No. <u>000</u>	847904			
2. Name of Corporation <u>Mu</u>	seum of Broadca	st Technology, 1	Inc.	
3. State of Incorporation				
State: <u>MA</u>				
	N	AICS CODE		
Using the dropdown labeled primary type of activity in wh populate a NAICS Code base box on the right. For further a	nich your entity en ed on the chosen	gages. The box selection. If the l	to the right of th NAICS Code is I	ne dropdown will known, enter it into the
NAICS Code				
712110				
4. Principal Office Address				
No. and Street: 144 M	AIN STREET			
<u>1++ 1/1</u>	<u>NSOCKET</u>	State: <u>RI</u>	Zip: <u>02895</u>	Country: <u>USA</u>
5. Brief Description of the C	haracter of the A	ffairs Conducted		
MAINTAIN AND OPERA	TE A MUSEUN	<u>1 OF EQUIPMI</u>	ENT USED IN	RADIO AND
TELEVISION BROADCA			IS LOCATED	AT 144 MAIN
STREET, WOONSOCKET	, RHODE ISLAN	ND 02895		
6. Names and Addresses of	the Officers and	Directors:		
All officers and directors	must be listed.			
•				

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
PRESIDENT	PAUL R. BECK	71 CROSS STREET FOXBOROUGH, MA 02035 USA	
TREASURER	THOMAS R. SPRAGUE	812 MEMORIAL DRIVE CAMBRIDGE, MA 02139 USA	
CLERK	HENRY L. BERMAN	683 HAMMOND ST., UNIT B CHESTNUT HILL, MA 02467 US	
DIRECTOR	HENRY L. BERMAN	683 HAMMOND ST., UNIT B CHESTNUT HILL, MA 02467 US	
DIRECTOR	PAUL R. BECK	71 CROSS STREET FOXBOROUGH, MA 02035 USA	
DIRECTOR	THOMAS R. SPRAGUE	812 MEMORIAL DRIVE CAMBRIDGE, MA 02139 USA	

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LLOYD R. GARIEPY 191 SOCIAL STREET, SUITE 280 WOONSOCKET, RI 02895

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 14 Day of March, 2024 at 1:26:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By THOMAS R. SPRAGUE

Signature of Authorized Person

Form No. 631 Revised 09/07

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