



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

MAR 13 2024

BY 317
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1. Entity ID Number 000042990		2. Exact name of the Corporation PROVIDENCE MARINE CORPS OF ARTILLERY MUSEUM OF RI MILITARY HISTORY INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island MUSEUM OF RHODE ISLAND MILITARY HISTORY			
4. NAICS Code 813990					
6. Principal Office Address 176 BENEFIT ST		City PROVIDENCE		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name BG JOSEPH N WALLER (RET)			Vice-President Name COL JOSEPH ROONEY (RET)		
Street Address 202 WINCHESTER DRIVE			Street Address 44 BEACH TREE PL		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name			Treasurer Name LTC JOHN M CONSTANTINO (RET)		
Street Address			Street Address 241 HILLTOP ROAD		
City	State	Zip	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name LTC DAVID LEMONT			Director Name CSM PATRICCK C CURREN		
Street Address 45 NEW ROAD			Street Address 75 MAYFLOWER DR		
City EXETER	State RI	Zip 02822	City MIDLETOWN	State RI	Zip 02842
Director Name COL JOSEPH B MERRILL			Director Name COL RAYMOND E GALLUCCI JR		
Street Address 86 KEVINS WAY			Street Address 131 VAMUM DR		
City SOUTH EASTON	State MA	Zip 02375	City EAST GREENWICH	State RI	Zip 02818
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 LTC JOHN M CONSTANTINO (RET), TREASURER					Date 2/27/24
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