State of Rhode Island
Department of State - Business Services Division

FILED
MAR 1 3 2024
BY

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	2. Exact name of the Corporation
000042990	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	City	State	Zip
176 BENEFIT ST	PROVIDENCE	RI	02903

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
BG JOSEPH N WALLER (RET)	202 WINCHESTER DRIVE	WAKEFIELD	RI	02879

Vice-President Name	Street Address	City	State	Zip
COL JOSEPH ROONEY (RET)	44 BEACH TREE PL	WAKEFIELD	RI	02879

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip
LTC JOHN M CONSTANTINO (RET)	241 HILLTOP ROAD	CUMBERLAND	RI	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	Street Address	City	State	Zip
LTC DAVID LEMONT	45 NEW ROAD	EXETER	RI	02822

Director Name	Street Address	City	State	Zip
CSM PATRICCK C CURREN	75 MAYFLOWER DR	MIDLETOWN	RI	02842

Director Name	Street Address	City	State	Zip
COL JOSEPH B MERRILL	86 KEVINS WAY	SOUTH EASTON	MA	02375

Director Name	Street Address	City	State	Zip
COL RAYMOND E GALLUCCI JR	131 VAMUM DR	EAST GREENWICH	RI	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.

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	Date
LTC JOHN M CONSTANTINO (RET), TREASURER	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

FORM 631 - Revised: 2/2023