



State of Rhode Island
Department of State - Business Services Division

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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 27209 | | 2. Exact name of the Corporation Johnston Historical Society | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Preserve the history of the Town | |
| 4. NAICS Code 813312 | | | |
| 6. Principal Office Address 101 PUTNAM PIKE | | City JOHNSTON | State RI. |
| | | Zip 02919 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name DANIEL S. BROWN | | Vice-President Name STEVE MEROLLA | |
| Street Address 52 ORCHARD MEADOWS DRIVE | | Street Address 23 MILLS DRIVE | |
| City SMITHFIELD | State RI | City JOHNSTON | State RI |
| | Zip 02917 | | Zip 02919 |
| Secretary Name CARL JOHNSON | | Treasurer Name JOSEPH JAMROZ | |
| Street Address 49 CENTRAL AVE | | Street Address 18 RIVERSIDE AVE | |
| City NORTH PROVIDENCE | State RI | City JOHNSTON | State RI |
| | Zip 02911 | | Zip 02919 |
| 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 ANTHONY URSILLO | | Director Name DOUG STEPHENS | |
| Street Address 2737 HARTFORD AVE | | Street Address 18 SURREY DRIVE | |
| City JOHNSTON | State RI | City JOHNSTON | State RI |
| | Zip 02919 | | Zip 02919 |
| Director Name GRAYCE MOOREHEAD | | Director Name PHIL LEMOI | |
| Street Address P.O. BOX 9534 | | Street Address 400 GREENVILLE AVE | |
| City WARWICK | State RI | City JOHNSTON | State RI |
| | Zip 02889 | | Zip |
| 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. | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small> | | | |
| Name of Officer/Authorized Representative DANIEL S. BROWN | | | Date |
| Signature of Officer/Authorized Representative <i>Daniel S Brown</i> | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAR 18 2024
BY ML 901