



State of Rhode Island  
Department of State - Business Services Division

FILED

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.

MAR 21 2024

BY

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1. Entity ID Number 28289		2. Exact name of the Corporation The Massasoit Historical Association of Warren RI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Preservation of Maxwell House and history of Warren RI. Educate public on house and town's history and promote interest in same and historic preservation.			
4. NAICS Code 813312					
6. Principal Office Address 59 Church St		City Warren		State RI	Zip 02885
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Debra Jobin			Vice-President Name Priscilla McGovern		
Street Address 7 Columbus Ave			Street Address 225 Carlton Ave		
City Barrington	State RI	Zip 02806	City Warwick	State RI	Zip 02889
Secretary Name Kristin Read			Treasurer Name Clifford Morey		
Street Address 12 Cherry St			Street Address 7 Reservoir Ave		
City Warren	State RI	Zip 02885	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name John Chaney			Director Name Richard Valente		
Street Address 172 Water St			Street Address 36 Barden Ln		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Wendy Pacheco			Director Name Joseph Wagenbach		
Street Address 20 Libby Ln Apt F 97			Street Address 12 Cherry St		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Clifford Morey -Treasurer</b>				Date <b>03/17/2024</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:

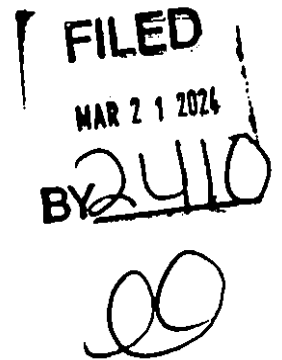
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

Additional Directors for Massasoit Historical Association of Warren RI  
2024 Non Profit Corporation Report -Entity number 28289



Amanda Beaulieu -Smith

11 Mayo Dr

Warren RI 02885

Terry Yates

10 Emery Rd

Warren RI 02885

Margery J Zeller

99 Hillcrest Acres

Westport MA 02790