State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

MAY 06 2024
2069

→ 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
000057211	West Greenwich Historical Preservation Soc.
3 State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: continue keeping + expanding collection of historical pictures and records of town for educational use and for individuals ability to have access
4. NAICS Code: 813312	

6. Principal Office Address	City	State	Zip
67 Fry Pond Rd	W. Greenwich	R.I	02817

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

President Name	Vice-President Name
Roberta Baker	Lorraine Hilton
Street Address: 320 Sharpe St.	Street Address: 1504 Main St.
City: W. Greenwich State: R.I Zip: 02817	City: Coventry State: R.I Zip: 02816
Secretary Name: Lauren Kasz	**Treasurer Name:** Charlotte B Jolls
Street Address: 320 Sharpe St.	Street Address: 67 Fry Pond Rd.
City: W. Greenwich State: R.I Zip: 02817	City: W. Greenwich State: R.I Zip: 02817

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Charlotte B. Jolls	Lauren Kasz
Street Address: same as above	Street Address: same as above
City: State: Zip:	City: State: Zip:
Director Name: Roberta Baker	**Director Name:** Lorraine Hilton
Street Address: same as above	Street Address: same as above
City: State: Zip:	City: State: 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.

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
Charlotte B. Jolls	5/1/24

Signature of Officer/Authorized Representative: Charlotte B. Jolls

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised 12/2023