



**State of Rhode Island  
Department of State - Business Services Division**

MAY 13 2024  
307640

**Annual Report for the year: 2023**  
**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 <b>69178</b>		2. Exact name of the Corporation <b>The Company of the Redwood Library and Athenaeum</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Incorporated 08/22/1747, this organization is an educational and cultural institution for "propagating virtue, knowledge and useful learning."</b>			
4. NAICS Code <b>811310</b>					
6. Principal Office Address <b>50 Bellevue Avenue</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Janet Pell</b>			Vice-President Name <b>Daniel Benson</b>		
Street Address <b>2155 Ibis Isle Road, Apt. 3</b>			Street Address <b>132 Webster Street</b>		
City <b>Palm Beach</b>	State <b>FL</b>	Zip <b>33480</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Michelle Drum</b>			Treasurer Name <b>Holt Massey</b>		
Street Address <b>25 School Street</b>			Street Address <b>165 Mt. Vernon Street</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Boston</b>	State <b>Ma</b>	Zip <b>02108</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
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.					
<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>					
<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 <b>David Thalman, Director of Finance</b>				Date <b>April 30 2024</b>	
Signature of Officer/Authorized Representative 					

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

**2023-2024 Board of Directors  
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\*Ementus Director