



State of Rhode Island
Department of State - Business Services Division

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.

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1. Entity ID Number 75410		2. Exact name of the Corporation PSNC Holdings, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island for the exclusive purpose holding title to property, collecting any income therefrom and turning over entire amount less expenses to the Preservation Society of Newport County	
4. NAICS Code 313319			
6. Principal Office Address 424 Bellevue Avenue		City Newport	State RI
		Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name William F. Lucey, III		Vice-President Name William J. Corcoran	
Street Address c/o 424 Bellevue Ave.		Street Address c/o 424 Bellevue Ave.	
City Newport	State RI	Zip 02840	
City Newport	State RI	Zip 02840	
Secretary Name Janet Robinson		Treasurer Name Peter W. Harris	
Street Address c/o 424 Bellevue Ave.		Street Address c/o 424 Bellevue Ave.	
City Newport	State RI	Zip 02840	
City Newport	State RI	Zip 02840	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name William F. Lucey, III		Director Name William J. Corcoran	
Street Address c/o 424 Bellevue Ave.		Street Address c/o 424 Bellevue Ave.	
City Newport	State RI	Zip 02840	
City Newport	State RI	Zip 02840	
Director Name Janet Robinson		Director Name Peter W. Harris	
Street Address c/o 424 Bellevue Ave.		Street Address c/o 424 Bellevue Ave.	
City Newport	State RI	Zip 02840	
City Newport	State 02840	Zip 02840	
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 Matthew H. Leys			Date 5-17-24
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

PSNC Holdings, Inc
Corporate ID No. 75410

Additional Directors: 2024

Cynthia Stewart Reed
c/o 424 Bellevue Ave
Newport, RI 02840