

## State of Rhode Island

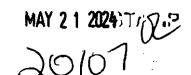
## **Department of State - Business Services Division**

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.



→ Penalty Additional \$25.00 fee  1 Entity ID Number			<u> </u>		<u> </u>	
75410	2. Exact name of the Corporation PSNC Holdings, Inc.					
3 State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	for the exclusive purpose holding title to property, collecting any					
4. NAICS Code	income therefrom and turning over entire amount less expenses to the Preservation Society of Newport County					
313319	reservacio	ar accety of N	BMPDEL COUNTRY			
6. Principal Office Address			City	State	Zip	
424 Bellevue Avenue			Newport	RI	02840	
7. List ALL officers (names and ac				Check the box to indicate an	attachment	
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	<sup>Zip</sup> 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	<sup>Zip</sup> 02840	City Newport	State RI	Zip 02840	
8. List ALL directors (names and a	ddresses). RI Co	prporations MUST I	ist at least THREE directors.	<u> </u>		
Director Name	111	<del></del> .	Check the box to indicate an attachment ✓			
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	<sup>Zip</sup> 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.			
<sup>City</sup> Newport	State RI	<sup>Zip</sup> 02840	City Newport	State 02840	Zip 02840	
9. The Registered Agent informati	on of record with	the RI Department	of State is accurate. Change	es require filing Form 641	1020.0	
Under penalty of perjury, I decide statements, and that all statements.	are and affirm the	at i have examine erein are true and	d this report, including any I correct.	accompanying schedul	es and	
This report must be signed by either the Pre	esident, Vice-President	t, Secretary, Assistant Si	ecretary, Treasurer, duly Authonzed R	Representative, Receiver or Truste	e.	
Name of Officer/Authorized Representative				Date	Date	
Matthew H. Leys				5-17-24	5-17-24	
Signature of Officer/Authorized Re	presentative				<del>-</del>	

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