



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.

REC'D RIDOS BSD
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1. Entity ID Number <u>000159488</u>		2. Exact name of the Corporation <u>MEDUSA - DASH HILL HISTORIC SITE AND S.S. FOX MEDIA CENTER INC.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>EX. A HISTORIC SITE AND MUSEUM + INFORMATION CENTER, RESEARCH AND VISUAL HUB WITH A STRONG CULTURAL EDUCATIONAL + OLIVARIAN INFO</u>	
4. NAICS Code <u>813910</u>			
6. Principal Office Address <u>204 RATABUN ST.</u>		City <u>WANSWICK</u>	State <u>RI</u>
		Zip <u>02915</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>JOSEPH FRANCIS</u>		Vice-President Name <u>ELIZABETH VANCE</u>	
Street Address <u>17 CHELSEA ROAD</u>		Street Address <u>335 HARRIS AVE</u>	
City <u>PANTRY</u>	State <u>RI</u>	City <u>WANSWICK</u>	State <u>RI</u>
Zip <u>02911</u>		Zip <u>02915</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>JOSEPH FRANCIS</u>		Director Name <u>ELIZABETH VANCE</u>	
Street Address <u>17 CHELSEA ROAD</u>		Street Address <u>335 HARRIS AVE</u>	
City <u>PANTRY</u>	State <u>RI</u>	City <u>WANSWICK</u>	State <u>RI</u>
Zip <u>02911</u>		Zip <u>02915</u>	
Director Name <u>FREDERICK SCHROEDER</u>		Director Name <u>ALBA SUAREZ</u>	
Street Address <u>106 DEXTER ST.</u>		Street Address <u>204 RATABUN ST</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>WANSWICK</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02915</u>	
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 <u>ELIZABETH VANCE</u>			Date <u>7.5.24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY X gwr