RECD RIDOS BSD
'24 JUL 5 PM3:32:20

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.

1. Entity ID Number 000159488	**2. Exact name of the Corporation** MEDUSA – OAK HILL HISTORIC SITE AND S.S. FOX MEDIA CENTER INC
3. State of Incorporation RI	**5. Brief description of the character of business conducted in Rhode Island** EX. A HISTORIC SITE AND MUSEUM + INFORMATION CENTER, RESEARCH AND VISITOR HUB' WITH A STRONG CULTURAL + EDUCATIONAL
4. NAICS Code 813910	

6. Principal Office Address 204 RATTABUN ST.	**City** WOONSOCKET	**State** RI	**Zip** 02895

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

President Name JOSEPH FRANCIS			**Vice-President Name** ELIZABETH VANGEL		
Street Address 17 CRESCENT ROAD			**Street Address** 335 HARRIS AVE.		
City PAWTUCKET	**State** RI	**Zip** 02861	**City** WOONSOCKET	**State** RI	**Zip** 02895
Secretary Name			**Treasurer Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**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 JOSEPH FRANCIS			**Director Name** ELIZABETH VANGEL		
Street Address 17 CRESCENT ROAD			**Street Address** 335 HARRIS AVE.		
City PAWTUCKET	**State** RI	**Zip** 02861	**City** WOONSOCKET	**State** RI	**Zip** 02895
Director Name FREDERICK SCHRADER			**Director Name** SARAH SUAREZ		
Street Address 106 DEXTER ST.			**Street Address** 204 RATTABUN ST		
City PROVIDENCE	**State** RI	**Zip** 02909	**City** WOONSOCKET	**State** RI	**Zip** 02895

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 ELIZABETH VANGEL	**Date** 7.5.24
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

FILED 332
JUL – 5 2024
BY

FORM 631- Revised: 04/2023