FIELD

FEB 18 2025 BY 890

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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	2. Exact name of the Corporation
000052906	WARREN PRESERVATION SOCIETY
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: TO PRESERVE THE HISTORIC INTEGRITY + CULTURAL RESOURCES + TO EDUCATE THE PUBLIC ABOUT THE HISTORIC AREA
4. NAICS Code: 813311	

6. Principal Office Address	City	State	Zip
P.O. Box 624	WARREN	RI.	02885

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

President Name: EILEEN COLLINS			Vice-President Name: SARAH WEED		
Street Address: 26 STATE ST.			Street Address: 23 BRIDGE ST.		
City: WARREN	State: R.I.	Zip: 02885	City: WARREN	State: RI.	Zip: 02885
Secretary Name: LAURIE SERVANT			Treasurer Name: ANTHONY GUIDA		
Street Address: 264 WATER ST.			Street Address: 165 WATER ST.		
City: WARREN	State: R.I.	Zip: 02885	City: WARREN	State: RI	Zip: 02885

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: LINDA MEGATHLIN			Director Name: JOAN COLTRAIN		
Street Address: 42 MARKET ST.			Street Address: 1 STONEGATE RD.		
City: WARREN	State: R.I.	Zip: 02885	City: WARREN	State: RI	Zip: 02885
Director Name: JAMIE HUFF			Director Name:		
Street Address: 614 CHILD ST.			Street Address:		
City: WARREN	State: RI	Zip: 02885	City:	State:	Zip:

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	Date
ANTHONY GUIDA/TREASURER	2-14-25
Signature of Officer/Authorized Representative: Anthony Guida	

MAIL TO:
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