



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025

Non-Profit Corporation

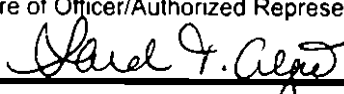
→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 20 2025

BY 646

1. Entity ID Number 000029179		2. Exact name of the Corporation Society of Mayflower Descendants in the State of Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island and Providence Plantations			
4. NAICS Code 813219		Educational and historical			
6. Principal Office Address P.O. Box 147		City Wakefield		State RI	Zip 02880
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald W. Barnes			Vice-President Name None		
Street Address P.O. Box 147			Street Address		
City Wakefield	State RI	Zip 02880	City	State	Zip
Secretary Name Sarah T. Algie			Treasurer Name Sarah T. Algie		
Street Address P.O. Box 147			Street Address P.O. Box 147		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
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 Ronald W. Barnes			Director Name Nancy E. Wildes		
Street Address P.O. Box 147			Street Address P.O. Box 147		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
Director Name Ronald W. Ulmschneider			Director Name None		
Street Address P.O. Box 147			Street Address		
City Wakefield	State RI	Zip 02880	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Sarah T. Algie				Date 2/14/2025	
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

000029179

Society of Mayflower Descendants in the State of Rhode Island and Providence
Plantations

Additional Officers:

Timothy Ulmschneider (Captain)
P.O. Box 147
Wakefield, RI 02880-0147

Lynn McLaughlin (Co-Historian)
P.O. Box 147
Wakefield, RI 02880-0147

Lois Sorensen (Co-Historian)
P.O. Box 147
Wakefield, RI 02880-0147

Nancy E. Wildes (Counsellor)
P.O. Box 147
Wakefield, RI 02880-0147