



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 04 2025

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.

CBA

BY 1380

1. Entity ID Number 000028812		2. Exact name of the Corporation Peace Dale Museum of Art and Culture			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Museum of historical artifacts			
4. NAICS Code 712110					
6. Principal Office Address 1058 Kingstown Road, Suite 5			City Peace Dale	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Lisa Fiore			Vice-President Name Mary Brown		
Street Address 74 Kettle Pond Road			Street Address 568 Post Road		
City South Kingstown	State RI	Zip 02879	City Wakefield	State RI	Zip 02819
Secretary Name Linda Hennessey			Treasurer Name Elizabeth Cook		
Street Address 17 Eagle Nest Terrace			Street Address 62 Starlight Drive		
City Peace Dale	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Karen Ellsworth			Director Name Louise Weaver		
Street Address 180 Matunuck Schoolhouse Road			Street Address 38 Leeward Lane		
City Wakefield	State RI	Zip 02879	City South Kingstown	State RI	Zip 02819
Director Name Margaret Leeson			Director Name Donna Grady		
Street Address 259A Ministerial Road			Street Address 32 Fox Ridge Crescent		
City Wakefield	State RI	Zip 02879	City Warwick	State RI	Zip 02886
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Lisa Fiore					Date 2/26/2025
Signature of Officer/Authorized Representative Lisa Fiore, President					

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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Director Name

Thomas Tomaszek
PO Box 185
Blackstone, MA 01504

Director Name

Jan Rothstein
28 Southwinds Drive
Wakefield, RI 02879