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State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: ~~2024~~ 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
27209	Johnston Historical Society
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Preserve the history of the Town
4. NAICS Code	
813312	

6. Principal Office Address	City	State	Zip
101 PUTNAM PIKE	JOHNSTON	RI.	02919

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

President Name	Vice-President Name
DANIEL S. BROWN	STEVE MEROLLA
Street Address	**Street Address**
52 ORCHARD MEADOWS DRIVE	23 MILLS DRIVE
City / State / Zip: SMITHFIELD / RI / 02917	City / State / Zip: JOHNSTON / RI / 02919
Secretary Name	**Treasurer Name**
CARL JOHNSON	JOSEPH JAMROZ
Street Address	**Street Address**
49 CENTRAL AVE	18 RIVERSIDE AVE
City / State / Zip: NORTH PROVIDENCE / RI / 02911	City / State / Zip: JOHNSTON / RI / 02919

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

Director Name	Director Name
ANTHONY URSILLO	DOUG STEPHENS
Street Address	**Street Address**
2737 HARTFORD AVE	18 SURREY DRIVE
City / State / Zip: JOHNSTON / RI / 02919	City / State / Zip: JOHNSTON / RI / 02919
Director Name	**Director Name**
GRAYCE MOOREHEAD	PHIL LEMOI
Street Address	**Street Address**
P.O. BOX 9534	400 GREENVILLE AVE
City / State / Zip: WARWICK / RI. / 02889	City / State / Zip: JOHNSTON / RI /

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
DANIEL S. BROWN	april 2 - 2025

Signature of Officer/Authorized Representative: Daniel S Brown

FILED
APR 02 2025
BY 939 AM

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