State of Rhode Island
Department of State - Business Services Division

RI DOS MADE NON-SUBSTANTIVE EDITS

Annual Report for the year: 7/1/25 - 6/30/26 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.

Amended

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 JUL -9 P 12:03

1. Entity ID Number	2. Exact name of the Corporation
29471	Pawtuxet Valley Preservation and Historical Society
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Historical society housing archives, small museum, reference room and a community room, all with a mission to preserve the hstory and culture of the Pawtuxet Valley.
4. NAICS Code: 712110	

6. Principal Office Address	City	State	Zip
1679 Main Street	West Warwick	RI	02893

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

President Name: Gerard Tellier, Jr.			Vice-President Name: Lucille Girard		
Street Address: 136 Burlingame Road			Street Address: 44 Harris Avenue		
City: West Warwick	State: RI	Zip: 02893	City: West Warwick	State: RI	Zip: 02893
Secretary Name: Janice Martin			Treasurer Name: Suzanne DeStefano/Robert Chorney		
Street Address: 32 Bouchard Street			Street Address: 19HickoryRd./650E.Gwch.Ave.Bld.6		
City: West Warwick	State: RI	Zip: 02893	City: W.Warwick/Coventry	State: RI	Zip: 02893

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

Director Name: Louis Maynard			Director Name: Ruth V. Ragosta		
Street Address: 12 East Gate Drive			Street Address: 15 Country Drive		
City: Coventry	State: RI	Zip: 02816	City: West Warwick	State: RI	Zip: 02893
Director Name: Cecilia A. St. Jean			Director Name: Mary Reels		
Street Address: 31 Perkins Street			Street Address: 52 Lexington Avenue		
City: West Warwick	State: RI	Zip: 02893	City: West Warwick	State: RI	Zip: 02893

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
Cecilia A. St. Jean	**06/30/2025**

Signature of Officer/Authorized Representative: Cecilia A. St. Jean

FILED
AUG 07 2025
BY

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

FORM 631- Revised: 12/2023

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

August 07, 2025 12:05 PM

Gregg M. Amore
Secretary of State