



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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2025 JUL -9 P 12:03

1. Entity ID Number 29471		2. Exact name of the Corporation 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 history and culture of the Pawtuxet Valley.	
4. NAICS Code 712110			
6. Principal Office Address 1679 Main Street		City West Warwick	State RI Zip 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	City West Warwick	State RI Zip 02893
Secretary Name Janice Martin		Treasurer Name Suzanne DeStefano/Robert Chorney	
Street Address 32 Bouchard Street		Street Address 19 Hickory Rd./650 E. Gwch. Ave. Bld. 6	
City West Warwick	State RI	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	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	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 Cecilia A. St. Jean			Date 06/30/2025
Signature of Officer/Authorized Representative <i>Cecilia A. St. Jean</i>			

FILED

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

AUG 07 2025
BY *[Signature]*