	State of Rhode Office of the Secreta		Fee: \$20.00		
Division Of Business Services					
148 W. River Street					
	Providence RI 02904-2615 (401) 222-3040				
(401) 222-3040					
Non-Profit Corporation					
Annual Report Filing Period: February 1 - May 1					
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of					
\$25.00.					
ANNUAL REPORT YEAR: 2022					
1. Corporate ID No. 000143629					
2. Name of Corporation <u>Clouds Hill Victorian House Museum</u>					
3. State of Incorporation					
State: <u>RI</u>					
	ARTICLE III				
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here</u> .					
<u>712110</u>					
4. Principal Office Address					
No. and Street: 4157 POST ROAD					
P.O. BOX 522					
City or Town: EAST GR	REENWICH State: H	<u>RI</u> Zip: <u>02818</u>	Country: <u>USA</u>		
5. Brief Description of the Character of the Affairs Conducted in Rhode Island					
TO OWN AND OPERATE A HISTORICAL VICTORIAN HOME AS A MUSEUM FOR THE					
PUBLIC					
C. Nomes and Addresses of the Officers and Directory					
6. Names and Addresses of the Officers and Directors:					
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.					
Title	Individual Name	hΔ	dress		
	First, Middle, Last, Suffix		State, Zip Code, Country		
SECRETARY	CHRISTINE E. CABRAL	4157 POST	ROAD, PO BOX 522		

		EAST GREENWICH, RI 02818 USA	
DIRECTOR	CHRISTINE E. CABRAL	4157 POST ROAD, P.O. BOX 522 EAST GREENWICH, RI 02818	
PRESIDENT	ANNE D HOLST	4157 POST ROAD, P.O. BOX 522 EAST GREENWICH, RI 02818- USA	
VICE PRESIDENT	WAYNE A. CABRAL	4157 POST ROAD, PO BOX 522 EAST GREENWICH, RI 02818 USA	
DIRECTOR	GLENN PLACE	PO BOX 522 EAST GREENWICH, RI 02818 USA	
DIRECTOR	CHERYL GLENNON	4157 POST ROAD, PO BOX 522 EAST GREENWICH, RI 02818 USA	
DIRECTOR	ANNE DONOVAN	4157 POST ROAD, PO BOX 522 EAST GREENWICH, RI 02818 USA	
DIRECTOR	ANNE D. HOLST	4157 POST ROAD, PO BOX 522 EAST GREENWICH, RI 02818 USA	
DIRECTOR	BRADFORD PRESTON	PO BOX 522 EAST GREENWICH, RI 02818 USA	
DIRECTOR	MARIE PETRARCA	PO BOX 522 EAST GREENWICH, RI 02818 USA	
DIRECTOR	WAYNE A. CABRAL	4157 POST ROAD, PO BOX 522 EAST GREENWICH, RI 02818 USA	
DIRECTOR	SUSAN SWANSON	PO BOX 522 EAST GREENWICH, RI 02818 USA	
DIRECTOR	DAVID PICKERING	PO BOX 522 EAST GREENWICH, RI 02818 USA	

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ANNE D. HOLST 4157 POST ROAD P. O. BOX 522 EAST GREENWICH, RI 02818

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

## Signed this 10 Day of April, 2022 at 3:02:07 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

## By CHRISTINE E. CABRAL

Signature of Authorized Person

Form No. 631 Revised 09/07

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