



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
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.

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1. Entity ID Number <b>27905</b>		2. Exact name of the Corporation <b>Glocester Heritage Society</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Preservation of historic sites, education, etc</b>			
4. NAICS Code 813319 - Other Social Advoc <input type="checkbox"/>					
6. Principal Office Address <b>1181 Putnam Pike</b>		City <b>Glocester</b>	State <b>RI</b>	Zip <b>02814</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Marie Sweet</b>			Vice-President Name <b>William Brown</b>		
Street Address <b>PO 771</b>			Street Address <b>PO 232</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
Secretary Name <b>Roland Rivet</b>			Treasurer Name <b>Charles Wilson</b>		
Street Address <b>303 Huntinghouse Rd</b>			Street Address <b>PO 496</b>		
City <b>No. Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>MARIE SWEET</b>				Date <b>1-20-2023</b>	
Signature of Officer/Authorized Representative <i>Marie Sweet</i>					

MAIL TO:  
Division of Business Services  
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