



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

Amended

RECEIVED
 RI DEPT OF STATE
 BUS SVCS DIV

- Filing period: February 1 - May 1
- Filing Fee \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 FEB 27 P 3:03

1. Entity ID Number 27905		2. Exact name of the Corporation GLOCESTER HERITAGE SOCIETY			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>preserve historic buildings & educate about heritage.</i>			
4. NAICS Code 813319					
6. Principal Office Address 1181 PUTNAM PIKE			City CHEPACHET	State RI	Zip 02814
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KAREN LAMBE			Director Name CHRISTINE SEDERBACH		
Street Address 1181 PUTNAM PIKE			Street Address 1181 PUTNAM PIKE		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
Director Name CHRISTOPHER KOWAL			Director Name		
Street Address 1181 PUTNAM PIKE			Street Address		
City CHEPACHET	State RI	Zip 02814	City	State	Zip
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.					
<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 MARIE SWEET					Date 2-23-23
Signature of Officer/Authorized Representative <i>Marie Sweet</i>					FILED

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

FEB 27 2023
 BY
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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:

February 27, 2023 03:03 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

