



**State of Rhode Island
Department of State - Business Services Division**

RECORDED 23 NOV 29 1:44:25

Annual Report for the year: 2023 Revised

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.

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, a small museum of artifacts, documents and reference material, all pertaining to the history and culture of the Pawtuxet Valley.		
4. NAICS Code 712110 - Museums			
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 <input type="checkbox"/>			
President Name Charles M. Vacca, Jr.		Vice-President Name Gerard Tellier, Jr.	
Street Address 124 Fairway Drive		Street Address 136 Burlingame Road	
City Coventry	State RI	Zip 02816	City West Warwick
State RI	Zip 02816	State RI	Zip 02893
Secretary Name Lucille M. Girard		Treasurer Name Robert Chorney/Cecilia A. St. Jean <i>CO Treasurer</i>	
Street Address 44 Harris Avenue		Street Address 650 E.Gwch.Ave./31 Perkins St	
City West Warwick	State RI	Zip 02893	City West Warwick
State RI	Zip 02893	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 <input type="checkbox"/>			
Director Name Suzanne DeStefano		Director Name Janice Martin	
Street Address 19 Hickory Road		Street Address 32 Bouchard Street	
City Coventry	State RI	Zip	City West Warwick
State RI	Zip	State RI	Zip 02893
Director Name Louis Maynard		Director Name Patricia A. Lee	
Street Address 12 East Gate Drive		Street Address 34 West Street	
City Coventry	State RI	Zip 02816	City West Warwick
State RI	Zip 02816	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.			
<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 Cecilia A. St. Jean, Co-Treasurer			Date 11/27/2023
Signature of Officer/Authorized Representative <i>Cecilia A. St. Jean</i>			FILED NOV 29 2023 BY A.A. 1:44 PM.

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



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:

November 29, 2023 01:44 PM

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

Gregg M. Amore
Secretary of State

