



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

FILED

JAN 28 2024

**Annual Report for the year: 2024
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.

Handwritten signature and date: Y 1506 00

1. Entity ID Number 27905		2. Exact name of the Corporation Glocester Heritage Society			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Preservation of historic sites, artifacts education, etc			
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 Marie Sweet			Vice-President Name William Brown		
Street Address PO 771			Street Address Po 232		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Karen Lambe			Treasurer Name Charles Wilson		
Street Address 265 Spring Grove Rd			Street Address PO 496		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
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 Roland Rivet			Director Name Christine Sederback		
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					Date
<i>Handwritten signature</i>					1/1/24
Signature of Officer/Authorized Representative					
<i>Handwritten signature: Christopher Kowal</i>					

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