



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

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.

FILED

FEB 20 2024

BY *[Signature]* 3200

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, small museum, reference room, and a Community Room, with a mission to preserve 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 02893
Secretary Name Lucille Girard			Treasurer Name Cecilia A. St. Jean/Robert Chorney		
Street Address 44 Harris Avenue			Street Address 31 Perkins St./650 E.Gwch.Ave., Bld.6		
City West Warwick	State RI	Zip 02893	City West Warwick	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 D. DeStefano			Director Name Janice Martin		
Street Address 19 Hickory Road			Street Address 32 Bouchard Street		
City Coventry	State RI	Zip 02816	City West Warwick	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 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Cecilia A. St. Jean				Date 02/17/2024	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
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 Website: www.sos.ri.gov