



**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 23 2024
BY 1186

1. Entity ID Number 000029179	2. Exact name of the Corporation SOCIETY OF MAYFLOWER DESCENDANTS IN THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island EDUCATIONAL AND HISTORICAL
4. NAICS Code 813219	

6. Principal Office Address P.O. BOX 147	City WAKEFIELD	State RI	Zip 02880-0147
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name NANCY WILDES			Vice-President Name RONALD BARNES		
Street Address PO BOX 147			Street Address PO BOX 147		
City WAKEFIELD	State RI	Zip 02880-0147	City WAKEFIELD	State RI	Zip 02880-0147
Secretary Name SARAH ALGIE			Treasurer Name TIMOTHY ULMSCHEIDER		
Street Address PO BOX 147			Street Address PO BOX 147		
City WAKEFIELD	State RI	Zip 02880-0147	City WAKEFIELD	State RI	Zip 02880-0147

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name NANCY WILDES			Director Name + FINANCE CHAIR RONALD ULMSCHEIDER		
Street Address PO BOX 147			Street Address PO BOX 147		
City WAKEFIELD	State RI	Zip 02880-0147	City WAKEFIELD	State RI	Zip 02880-0147
Director Name TODD HOLDEN			Director Name		
Street Address PO BOX 147			Street Address		
City WAKEFIELD	State RI	Zip 02880-0147	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative NANCY WILDES	Date 2/19/24
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Signature of Officer/Authorized Representative <i>Nancy Wildes</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

ATTACHMENT TO ANNUAL REPORT

ADDITIONAL OFFICERS:

- 1) WILLIAM WERNQUEST (ELDER)
PO BOX 147
WAKEFIELD, RI 02880-0147
- 2) LOIS SORENSEN (CO-HISTORIAN)
PO BOX 147
WAKEFIELD, RI 02880-0147
- 3) LINN McLAUGHLIN (CO-HISTORIAN)
PO BOX 147
WAKEFIELD, RI 02880-0147