RI SOS Filing Number: 202453866440 Date: 5/4/2024 3:47:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2024**: 2024

- 1. Corporate ID No. <u>000143629</u>
- 2. Name of Corporation Clouds Hill Victorian House Museum
- 3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

712110

4. Principal Office Address

No. and Street: 4157 POST ROAD

P.O. BOX 522

City or Town: <u>EAST GREENWICH</u> State: <u>RI</u> Zip: <u>02818</u> Country: <u>USA</u>

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO OWN AND OPERATE A HISTORICAL VICTORIAN HOME AS A MUSEUM FOR THE PUBLIC

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	CHRISTINE E. CABRAL	4157 POST ROAD, PO BOX 522 EAST GREENWICH, RI 02818 USA
DIRECTOR	CHRISTINE E. CABRAL	4157 POST ROAD, P.O. BOX 522 EAST GREENWICH, RI 02818
PRESIDENT	ANNE D HOLST	4157 POST ROAD, P.O. BOX 522 EAST GREENWICH, RI 02818- USA
VICE PRESIDENT	WAYNE A. CABRAL	4157 POST ROAD, PO BOX 522 EAST GREENWICH, RI 02818 USA
DIRECTOR	CHERYL GLENNON	4157 POST ROAD, PO BOX 522 EAST GREENWICH, RI 02818 USA
DIRECTOR	DIANE BEAVER	PO BOX 522 EAST GREENWICH, RI 02818 USA
DIRECTOR	ANNE D. HOLST	4157 POST ROAD, PO BOX 522 EAST GREENWICH, RI 02818 USA
DIRECTOR	BRADFORD PRESTON	PO BOX 522 EAST GREENWICH, RI 02818 USA
DIRECTOR	MARIE PETRARCA	PO BOX 522 EAST GREENWICH, RI 02818 USA
DIRECTOR	WAYNE A. CABRAL	4157 POST ROAD, PO BOX 522 EAST GREENWICH, RI 02818 USA
DIRECTOR	PHILIP ALLEN	PO BOX 522 EAST GREENWICH, RI 02818 USA
DIRECTOR	ELLEN MARTIN	PO BOX 522 EAST GREENWICH, RI 02818 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ANNE D. HOLST 4157 POST ROAD P. O. BOX 522 EAST GREENWICH, RI 02818

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

Signed this 4 Day of May, 2024 at 3:50:16 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By <u>CHRISTINE E. CABRAL</u>

Signature of Authorized Person

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