

Agent Name

Address

KEN REALL

18 HEID ROAD

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615 401-222-3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * 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. 1. Corporate ID No. 2. Name of Corporation 29132 RHODE ISLAND AQUATIC HALL OF FAME, INC. 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address 02865 **RHODE ISLAND** 5. Foreign corporation. Enter principal office address 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island HALL OF FAME FOR INDUCTING OUTSTANDING CONTRIBUTORS TO RHODE ISLAND AQUATICS. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name CHIZISTINE Street Address Street Addres City-02882 02861 Secretary Name Treasurer Name EveneTi Street Address City 02860 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name Street Address 02879 Street Address State Zip

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

City

Address

LINCOLN

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

	29132	
File Date	FILED	
Check No	OCT 22 2007	
Ву:	By 609_	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have	e examined thi
report, including any accompanying schedules and statem	ents, and that al
statements contained herein are true and correct.	
Signature of Officer	Date
KENNETH & PUALI	
Print or Type Name of Officer	
_ Treasure	
Title of Officer	

Zip

02865

Form 631 Rev. 03/07