

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 2009

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

F-11-19 J-1 19 +					
1. Corporate ID No. 124820	2. Name of Corporation RHODE ISLAN	D HERITAGE HAI	LL OF FAME		
3. State of Incorporation RHODE ISLAND		Rhode Island - Street Address IOAG TRAIL, SU	_	City EAST PROVIDENCE	Ζψ 02915
5. Foreign corporation. Enter prin	ncipal office address		City	State	Zip
	ROMINENT RHOL	DE ISLANDERS FO	DR INDUCTION INTO THE	HALL	OF FAME
President Name PATRICK T. CONLE	Y.		Vice President Name MICHAEL E. LYONS		
Street Address 1445 WAMAPANOAG	TRAIL, SUITE	‡ 203	Street Address 21 DALTON STREE	ET	
EAST PROVIDENCE	State RI	^{Zip} 02915	City RUMFORD	State RI	Zip 02916
Secretary Name MARY B. SHEKARCHI, ESQ.			Treasurer Name WARREN E. LEWIS		
Street Address 33 COLLEGE HILL ROAD, SUITE 15-E			Street Address 112 PRESCOTT AVENUE		
City WARWICK	State RI	Zip 02886	City EAST PROVIDENCE	State RI	Zφ 02915
	ORS OF A DOMESTI		CHMENT) FILL IN SPACES B CORPORATION SHALL NOT B Director Name MICHAEL E. LYONS	BE LESS THAN THR	
Street Address 1445 WAMPANOAG TRAIL, SUITE #203			Street Address 21 DALTON STREET		
EAST PROVIDENCE	State RI	^{Zip} 02915	City RUMFORD	State RI	02916
MARY B. SHEKARCHI, ESQ.			Director Name WARREN E. LEWIS		
Street Address 33 COLLEGE HILL	ROAD, SUITE	L5 – ₹	Street Address 112 PRESCOTT AV	ENUE	
WARWICK 9. REGISTERED AGENT IN	RI RHODE ISLAND	2tp 02886	EAST PROVIDENCE	State RI	2ip 02915
This information is currently	of record in the Offic	e of the Secretary of Sta	te. Changes require filing of Form	n 641 - R.I.G.L. 7-6-13	3/7-6-78
This report mus	t be signed by either	the President, Vice Pre	sident, Secretary, Assistant Sec	retary, Treasurer, Rec	eiver or Trustce

File Date	FILED			
Check No.	MAY 2 6 2009			
_{ву.} Ву <u>44</u>				
FOR SECRETARY OF STATE USE ONLY				

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.

Signature of Officer

PATRICK T. CONLEY

Print or Type Name of Officer

PRESIDENT

Title of Officer