



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

2011

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. 88487		2. Name of Corporation AMERICAN DINER MUSEUM, INC			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address P.O. BOX 6022		City PROVIDENCE	Zip 02940
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO COLLECT, PRESERVE, RESTORE AND MAINTAIN, STUDY, EXHIBITION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel Zilka			Vice President Name Quentin A. Sanford, Jr.		
Street Address 242 Ferry Road			Street Address 2662 Main Street		
City Charlotte	State VT	Zip 05445	City Tiverton	State RI	Zip 02878
Secretary Name Tom Shaker			Treasurer Name Bethany Smith		
Street Address 93 Church Street			Street Address P.O. Box 3393, 1038 Main Road		
City Woonsocket	State RI	Zip 02895	City Westport	State MA	Zip 02790
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 Daniel Zilka			Director Name Quentin A. Sanford, Jr.		
Street Address 242 Ferry Road			Street Address 2662 Main Street		
City Charlotte	State VT	Zip 05445	City Tiverton	State MA	Zip 02878
Director Name Tom Shaker			Director Name Bethany Smith		
Street Address 93 Church Street			Street Address P.O. Box 3393, 1038 Main Road		
City Woonsocket	State RI	Zip 02895	City Westport	State MA	Zip 02790
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

FILED

JUL 08 2011

By: *[Signature]*
148133

88487

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] 7/1/11
Signature of Officer Date

Bethany S. Smith
Print or Type Name of Officer

Treasurer
Title of Officer

File Date _____
Check No. _____
By: _____
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