



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>100956</u>		2. Exact name of the Corporation <u>WARREN ATHLETIC HALL OF FAME</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		4. Brief description of the character of business conducted in Rhode Island <u>CREATION AND MAINTENANCE OF A HALL OF FAME FOR THOSE WHO HAVE DISTINGUISHED THEMSELVES IN ATHLETICS WHILE CONNECTED TO TOWN OF WARREN, RI</u>			
5. Principal office address <u>C/O THOMAS E WRIGHT</u> <u>572 MAIN ST.</u>		City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <u>CHAIRMAN</u> <u>JOHN W. FLYNN</u>			Vice-President Name _____		
Street Address <u>791 MAIN ST</u>			Street Address _____		
City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>	City _____	State _____	Zip _____
Secretary Name <u>TREASURER</u> <u>MARTHA G. DELEKTA</u>			Treasurer Name <u>SEE AT LEFT</u>		
Street Address <u>65 SEYMOUR ST</u>			Street Address _____		
City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>	City _____	State _____	Zip _____
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
Director Name <u>JOHN W. FLYNN</u>			Director Name <u>LESTER LOMBARDI, JR.</u>		
Street Address <u>791 MAIN ST</u>			Street Address <u>48 CAMPBELL ST</u>		
City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>
Director Name <u>MARTHA G. DELEKTA</u>			Director Name <u>JAY FERREIRA</u>		
Street Address <u>65 SEYMOUR ST</u>			Street Address <u>12 STRAWBERRY LANE</u>		
City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>
8. REGISTERED AGENT IN RHODE ISLAND <u>THOMAS E WRIGHT ESP, 572 MAIN ST, WARREN, RI 02885</u>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

**FILED**

File Date \_\_\_\_\_

JUN 06 2012

Check No \_\_\_\_\_

372

By: \_\_\_\_\_

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.

John W Flynn 6/4/11  
Signature of Officer Date

JOHN W. FLYNN  
Print or Type Name of Officer

CHAIRMAN (PRESIDENT)  
Title of Officer

FOR SECRETARY OF STATE USE ONLY

WARREN ATHLETIC HALL OF FAME COMMITTEE MEMBERS 2010 <sup>2012</sup>

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<sup>RESIGNED</sup>

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FILED

JUN 06 2012

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