



**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. <b>29132</b>		2. Exact name of the Corporation <b>RHODE ISLAND AQUATIC HALL OF FAME, INC</b>		
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO HONOR &amp; RECOGNIZE OUTSTANDING TALENT AND SERVICE TO AQUATICS</b>		
5. Principal office address		City	State	Zip
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <b>MATHEW GILSON</b>		Vice-President Name <b>PAUL McCaffrey</b>		
Street Address <b>28 ZELLA ST</b>		Street Address <b>99 SPRING ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>EAST GREEN</b>	State <b>RI</b> Zip <b>02818</b>
Secretary Name <b>SHARON Cleary</b>		Treasurer Name <b>VICTOR Bevilacqua</b>		
Street Address <b>145 OAKMIDGE AVE</b>		Street Address <b>264 JEFFERSON ROAD</b>		
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>HARRISVILLE</b>	State <b>RI</b> Zip <b>02830</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name <b>KENNETH V. REALL, ASST. SECRETARY</b>		Director Name <b>BERT Pelkczynski</b>		
Street Address <b>62 HULL STREET</b>		Street Address <b>51 ST. FRANCIS ROAD</b>		
City <b>WATERFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>MADISON</b>	State <b>CT</b> Zip <b>06443</b>
Director Name <b>DAVID HANSON</b>		Director Name <b>THOMAS GLEASON</b>		
Street Address <b>123 WESTFIELD AVE</b>		Street Address <b>516 PARADISE AVE</b>		
City <b>CROFTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>MIDDLETOWN</b>	State <b>RI</b> Zip <b>02842</b>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>				
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

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED 970**

**NOV 28 2012**

**BY DZ 14 206**

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.

**Kenneth V. Reall** 11/28/2012  
Signature of Officer Date

**KENNETH V. REALL**  
Print or Type Name of Officer

**ASSISTANT SECRETARY**  
Title of Officer