



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 2013

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. 67874		2. Exact name of the Corporation Quonset Air Museum			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island non-profit air museum			
5. Principal office address 488 Eccleston Ave. PO Box 1571			City N. Kingstown	State RI	Zip 02852
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Dave Stecker			Vice-President Name Mike Pignataro		
Street Address 144 Pine Tree Circle			Street Address 767 Glen Rock Rd.		
City N. Kingstown	State RI	Zip 02852	City W. Kingston	State RI	Zip 02892
Secretary Name Barbara Fahey			Treasurer Name Barbara Fahey		
Street Address 446 Post Rd			Street Address 446 Post Rd.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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"/>					
Director Name Warren Hagist			Director Name Dave Sutton		
Street Address 645 Slocum Rd.			Street Address 8 Knollwood Rd.		
City Saunderstown	State RI	Zip 02874	City Hackettstown	State NJ	Zip 07840
Director Name Bill Gavigan			Director Name Larry Webster		
Street Address 12 Drake Rd.			Street Address PO Box 37		
City Warwick	State RI	Zip 02888	City Shannock	State RI	Zip 02875
8. REGISTERED AGENT IN RHODE ISLAND					
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

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JUN 04 2013

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.

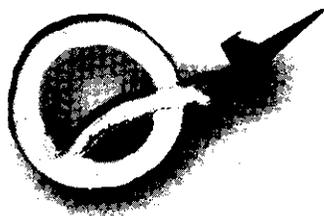
Signature of Officer Barbara Fahey Date 6/1/2013

Barbara Fahey

Print or Type Name of Officer

Secretary/Treasurer

Title of Officer



The Quonset Air Museum
Rhode Island's Home of Aviation Heritage

2013

DAVE STECKER
144 PINE TREE CIRCLE
N. KINGSTOWN, RI 02852

GREG LAMOREAUX
170 PHEASANT DR
E. GREENWICH, RI 02818

BARBARA FAHEY
446 POST RD
WAKEFIELD, RI 02879

CAPT. MIKE MARTIN JR.
209 OREGON AVE
WOONSOCKET, RI 02895

ALBERTO SAUORETTI
4 ERICA DR
LINCOLN, RI 02865

MIKE PIGNATARO
767 GLEN ROCK RD.
W. KINGSTON, RI 02892

SAM LEPORE
184 GARDEN HILLS DR.
CRANSTON, RI 02920

DAVE PAYNE
336 INDIAN CORNER RD
SAUNDERSTOWN, RI 02874

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BY FD 67874