



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. 29132		2. Exact name of the Corporation RHODE ISLAND AQUATIC HALL OF FAME, INC	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO HONOR & RECOGNIZE OUTSTANDING TALENT AND SERVICE TO AQUATICS IN RI	
5. Principal office address		City	State
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name MATHEW GILSON		Vice-President Name PAUL McCAFFREY	
Street Address 28 Zella Street		Street Address 99 SPRING ST	
City Providence	State RI	Zip 02908	City EAST GREEN
Secretary Name SHARON CLARY EASTMAN		Treasurer Name VICTOR BULLIACQUA	
Street Address 145 OAKRIDGE AVE		Street Address 204 JEFFERSON ROAD	
City NORTH ATTLEBORO	State MA	Zip 02760	City HANUSVILLE
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 KENNETH V. REAIL, ASSISTANT SECRETARY		Director Name BERT PELLEGRINI	
Street Address 62 HULL STREET		Street Address 51 ST. FRANCIS ROAD	
City WAKEFIELD	State MA	Zip 02679	City MADISON
Director Name DAVID HANSON		Director Name THOMAS GLEASON	
Street Address 123 WESTFIELD AVE		Street Address 516 PARADISE AVE	
City CMAST	State MA	Zip 02920	City MIDDLETON
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: _____ BY _____
FOR SECRETARY OF STATE USE ONLY

FILED *12.12*

OCT 21 2013

DL 200737

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. Reail 10/21/2013
 Signature of Officer Date

KENNETH V. REAIL
 Print or Type Name of Officer
ASSISTANT SECRETARY
 Title of Officer



RHODE ISLAND
AQUATIC
HALL OF FAME

OFFICERS

President
Matthew Gilson

Past President
Christine Hague

Vice President
Paul McCaffrey

Secretary
Sharon Cleary Eastman

Assistant Secretary
Ken Reall

Treasurer
Victor Bevilacqua

BOARD OF DIRECTORS

Bert Pellegrini
David Hanson
Cindy Bowden
Tom Gleason