



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 133467		2. Exact name of the Corporation CCN Historic Building Preservation Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island CCN preservation and maintenance of historic buildings, which has been listed in the National Register of Historic Places.			
5. Principal office address 36 Washington Square		City Newport		State RI	Zip 02840
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John M. Peixinho		Vice-President Name Peter N. Roos			
Street Address 195 Third Beach Road		Street Address 91 Richmond Drive			
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
Secretary Name Brian G. Bardorf		Treasurer Name			
Street Address 36 Washington Square		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
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"/>					
Director Name Brian G. Bardorf		Director Name Ronald Onorato, MD			
Street Address 36 Washington Square		Street Address 5 1/2 Ledyard Street			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name John W. Richmond		Director Name Captain Nicholas Brown			
Street Address Brenton Road		Street Address 141 Harrison Avenue			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY
BY _____

FILED

JUN 06 2014

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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 or Authorized Representative

Date

Brian G. Bardorf

Secretary

Print or Type Name of Officer or Authorized Representative