



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.

2014 JUL 29 PM 3:13  
CORPORATIONS DIV

1. Entity ID No. <b>88487</b>		2. Exact name of the Corporation <b>AMERICAN DINER MUSEUM, INC.</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>To collect, preserve, restore and maintain, study, exhibition</b>			
5. Principal office address <b>P.O. Box 6022</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Daniel Zilka</b>			Vice-President Name <b>Quentin A. Sanford, Jr.</b>		
Street Address <b>242 Ferry Road</b>			Street Address <b>2662 Main Street</b>		
City <b>Charlotte</b>	State <b>VT</b>	Zip <b>05445</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
Secretary Name <b>Tom Shaker</b>			Treasurer Name <b>Bethany Smith</b>		
Street Address <b>93 Church Street</b>			Street Address <b>P.O. Box 3393 / 1038 Main Street</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Westport</b>	State <b>MA</b>	Zip <b>02790</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>Daniel Zilka</b>			Director Name <b>Quentin A. Sanford, Jr.</b>		
Street Address <b>242 Ferry Road</b>			Street Address <b>2662 Main Street</b>		
City <b>Charlotte</b>	State <b>VT</b>	Zip <b>05445</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
Director Name <b>Tom Shaker</b>			Director Name <b>Bethany Smith</b>		
Street Address <b>93 Church Street</b>			Street Address <b>P.O. Box 3393 / 1038 Main Street</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Westport</b>	State <b>MA</b>	Zip <b>02790</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, duly Authorized Representative, Receiver or Trustee

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

**FILED**

JUL 29 2014

FOR SECRETARY OF STATE USE ONLY

By: 229418

A.A.

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.

06.02.2014

Signature of Officer or Authorized Representative Date

**DANIEL ZILKA**

Print or Type Name of Officer or Authorized Representative