



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. 88487		2. Exact name of the Corporation AMERICAN DINER MUSEUM, INC.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To collect, preserve, restore and maintain, study, exhibition			
5. Principal office address P.O. Box 6022		City Providence	State RI	Zip 02940	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Daniel Zilka		Vice-President Name Quentin A. Sanford, Jr.			
Street Address 242 Ferry Road		Street Address 2662 Main Street			
City Charlotte	State VT	Zip 05445	City Tiverton	State RI	Zip 02878
Secretary Name Tom Shaker		Treasurer Name Bethany Smith			
Street Address 93 Church Street		Street Address P.O. Box 3393 / 1038 Main Street			
City Woonsocket	State RI	Zip 02895	City Westport	State MA	Zip 02790
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 Daniel Zilka		Director Name Quentin A. Sanford, Jr.			
Street Address 242 Ferry Road		Street Address 2662 Main Street			
City Charlotte	State VT	Zip 05445	City Tiverton	State RI	Zip 02878
Director Name Tom Shaker		Director Name Bethany Smith			
Street Address 93 Church Street		Street Address P.O. Box 3393 / 1038 Main Street			
City Woonsocket	State RI	Zip 02895	City Westport	State MA	Zip 02790
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: _____

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