

1. Entity ID No.

26668

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.

2. Exact name of the Corporation

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

The National Railroad Foundation and Museum

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3. State of Incorporation		,	r of business conducted in Rhode Is				
Rhode Island	Historic	and Scenic Railro	oad Passenger Services in	Newport County			
5. Principal office address 32 Ocean View Ave			City Tiverton	State RI	Zip 02878		
6. LIST <u>ALL</u> OFFICERS (N	AMES AND ADD	RESSES) ("X" BOX FO	OR ATTACHMENT)				
President Name			Vice-President Name				
Donald G. Elbert Jr		,	None				
Street Address 32 Ocean View Ave			Street Address				
City	State	Zíp	City	State	Zip		
Tiverton	Ri	02878	J,		-"		
Secretary Name		1	Treasurer Name	<u> </u>	<u> </u>		
Dana Rowe			Donald G. Elbert Jr				
Street Address			Street Address				
34 Crowsby St.			32 Ocean View Ave				
City	State	Zip	City	State	Zip		
S. Dartmouth	MA	02748	Tiverton	RI	02878		
7. LIST <u>ALL</u> DIRECTORS ("X" BOX FOR ATTACHI		MESSES). RHODE IS	LAND CORPORATIONS <u>MUST</u> L	IST NO LESS THAN TI	HREE (3) DIRE	CTORS:	
Director Name			Director Name		_		
Donald G. Elbert Jr.			Dana Rowe	4va-4 =			
Street Address			Street Address				
32 Ocean View Ave.			34 Crosby St.		- 6	D A	
City	State	Zip	City	State	Zip		
Tiverton	RI	02878	S. Dartmouth	Ma 02748	7	25 S	
Director Name Eric Moffett			Director Name		<u> </u>	500	
Street Address			Street Address				
58 Scantic Rd.			ou con to di coo		₽	L.	
City	State	Zip	City	State	Zip		
E. Windsor	СТ	06088			•		
3. REGISTERED AGENT IN	RHODE ISLAND						
his information is current	lly of record in th	e Office of the Secreta	ary of State. Changes require filin	g Form 641.			
This report must be signed by or Trustee	y either the Presid	ent, Vice-President, Se	cretary, Assistant Secretary, Treasu	rer, duly Authorized Rep	oresentative, Fl	leceiver	
File Date		12:04	+ρη Under penalty of perjury this report, including an				
		FILE					
Check No			()	-01.1	/	,	
Ву:		APR 06 2	015 Signature of Officer or Aut	chorized Representative	Da	// / j. ite/	
FOR SECRETARY OF ST	ATE USE ONLY	By 24633	5	•		•	
•		1	Donald G. Elbert Jr.				
orm No. 631 levised: 04/2014		K	Print or Type Name of Offi	Print or Type Name of Officer or Authorized Representative			