



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. 26668		2. Exact name of the Corporation The National Railroad Foundation and Museum			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Historic and Scenic Railroad Passenger Services in Newport County			
5. Principal office address 32 Ocean View Ave		City Tiverton	State RI	Zip 02878	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Donald G. Elbert Jr		Vice-President Name None			
Street Address 32 Ocean View Ave		Street Address			
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Dana Rowe		Treasurer Name Donald G. Elbert Jr			
Street Address 34 Crowsby St.		Street Address 32 Ocean View Ave			
City S. Dartmouth	State MA	Zip 02748	City Tiverton	State RI	Zip 02878
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Donald G. Elbert Jr.		Director Name Dana Rowe			
Street Address 32 Ocean View Ave.		Street Address 34 Crosby St.			
City Tiverton	State RI	Zip 02878	City S. Dartmouth	State Ma	Zip 02748
Director Name Eric Moffett		Director Name			
Street Address 58 Scantic Rd.		Street Address			
City E. Windsor	State CT	Zip 06088	City	State	Zip
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 246335

12:04 pm
FILED

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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.

Donald G. Elbert Jr 4/4/15
Signature of Officer or Authorized Representative Date

Donald G. Elbert Jr.

Print or Type Name of Officer or Authorized Representative