



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

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JAN 11 AM 10:43

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 29132	2. Exact name of the Corporation RHODE ISLAND AQUATIC HALL OF FAME, INC			
3. State of Incorporation RI	4. Brief description of the character of business conducted in Rhode Island TO HONOR AND RECOGNIZE OUTSTANDING TALENT AND SERVICE TO AQUATICS IN RI.			
5. Principal office address 40 College Road		City PROVIDENCE	State RI	Zip 02908

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name MATHEW G. ISON			Vice-President Name PAUL MCCAFFREY		
Street Address 28 Zella St			Street Address 99 Spring St		
City PROV	State RI	Zip 02908	City EAST GREEN	State RI	Zip 02818
Secretary Name SHARON CLARY ESTIMATOR			Treasurer Name VICTOR BEULAGUA		
Street Address 115 CARLISLE AVE			Street Address 207 JEFFERSON BLVD		
City NORTH ASTOR	State MA	Zip 02760	City HARRISVILLE	State RI	Zip 02830

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name KENNETH V. REALL, ASST. SEC.			Director Name BENET PELLEGRINI		
Street Address 40 College Rd			Street Address 51 St. Francis Rd		
City PROV.	State RI	Zip 02908	City MADISON	State CT	Zip 06443
Director Name DAVID HANSON			Director Name THEODORE GLEASON		
Street Address 123 POSTFIELD AVE			Street Address 516 PARADISE AVE		
City CRAIST	State RI	Zip 02920	City MIDDLETOWN	State RI	Zip 02842

B. 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

FILED

JAN 11 2016

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.

Kenneth V. Reall 1/11/2016
Signature of Officer or Authorized Representative Date

KENNETH V. REALL
Print or Type Name of Officer or Authorized Representative

File Date _____
Check No. _____
By: **CK 264925**
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