



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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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. <u>29132</u>		2. Exact name of the Corporation <u>RHODE ISLAND AQUATIC HALL OF FAME, INC</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>TO HONOR AND RECOGNIZE OUTSTANDING TALENT AND SERVICE TO AQUATICS IN RI.</u>	
5. Principal office address <u>40 College Road</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02908</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>MATHEW G. ISON</u>		Vice-President Name <u>PAUL McCAFFEY</u>	
Street Address <u>28 Zella St</u>		Street Address <u>99 Spring St</u>	
City <u>PROV</u>	State <u>RI</u>	City <u>EAST GREEN</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02818</u>	
Secretary Name <u>SHARON CLARY EUSTACE</u>		Treasurer Name <u>VICTOR BEULAGUA</u>	
Street Address <u>145 OAKRIDGE AVE</u>		Street Address <u>207 JEFFERSON BLVD</u>	
City <u>NORTH ATTLEBORO</u>	State <u>MA</u>	City <u>HARTFORD</u>	State <u>CT</u>
Zip <u>02760</u>		Zip <u>02830</u>	
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 <u>KENNETH V. REALL, ASST. Sec.</u>		Director Name <u>BENJ PELLEGRINI</u>	
Street Address <u>40 College Rd</u>		Street Address <u>51 ST. FRANCIS RD</u>	
City <u>PROV.</u>	State <u>RI</u>	City <u>MADISON</u>	State <u>CT</u>
Zip <u>02908</u>		Zip <u>06443</u>	
Director Name <u>DAVID HANSON</u>		Director Name <u>THEODORE GLEASON</u>	
Street Address <u>123 POSTFIELD AVE</u>		Street Address <u>516 PARADISE AVE</u>	
City <u>CRAIST</u>	State <u>RI</u>	City <u>Middleton</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02842</u>	
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

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JAN 11 2016

File Date
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By
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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.

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