



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

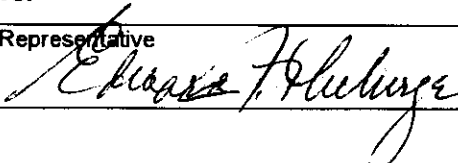
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

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

1. Entity ID Number		2. Exact name of the Corporation			
000520169		Historic Warren Armory, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		restore, revitalize and operate 1842 Warren Artillery Company Armory Hall			
5. Principal Office Address			City	State	Zip
11 Jefferson Street			Warren	RI	02885
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard J. Valente			Vice-President Name none		
Street Address 36 Barden Lane			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Timothy A. Pray			Treasurer Name Edward J. Theberge		
Street Address 628 Metacom Avenue			Street Address One Pine Lane		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas Wright			Director Name Louis A. Rego		
Street Address 572 Main Street			Street Address 12 Taddy Avenue		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Michael P. Clancy			Director Name		
Street Address 17 Brady Street			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Edward. Theberge, Treasurer				Date May 13, 2016	
Signature of Officer/Authorized Representative 					

FILED

MAY 16 2016

BY

1615 DS

