



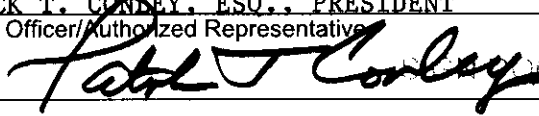
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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			
124820		RHODE ISLAND HERITAGE HALL OF FAME			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		RECOGNITION OF PROMINENT RHODE ISLANDERS FOR INDUCTION INTO RIHHOF			
5. Principal Office Address		City	State	Zip	
1445 WAMPANOAG TRAIL, SUITE # 203		EAST PROVIDENCE	RI	02915	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DR. PATRICK T. CONLEY, ESQ.			Vice-President Name MICHAEL E. LYONS		
Street Address 1445 WAMPANOAG TRAIL, SUITE #203			Street Address 21 DALTON STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City RUMFORD	State RI	Zip 02916
Secretary Name NONE			Treasurer Name WARREN E. LEWIS, CPA		
Street Address			Street Address 112 PRESCOTT AVENUE		
City	State	Zip	City EAST PROVIDENCE	State RI	Zip 02915
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name PATRICK T. CONLEY, ESQ.			Director Name MICHAEL E. LYONS		
Street Address 1445 WAMPANOAG TRAIL, SUITE #203			Street Address 21 DALTON STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City RUMFORD	State RI	Zip 02916
Director Name WARREN E. LEWIS			Director Name NONE		
Street Address 112 PRESCOTT AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02915	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative PATRICK T. CONLEY, ESQ., PRESIDENT				Date MAY 20, 2016	
Signature of Officer/Authorized Representative  DOCUMENT HERE					

FILED

MAY 27 2016

BY

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